

THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES,
NO. 191.

PHILADELPHIA, JUNE 16, 1860.

{ NEW SERIES
VOL. IV. NO. 11.

ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 29.

INTRA-ORBITAL REGION — (continued).—

When the third pair of nerves, "*motor oculi*," is paralyzed, the pupil becomes permanently dilated, thus indicating from whence comes its nervous endowment. Congenital deficiencies of the pupil are occasionally met with, as where the margin is incomplete, a fissure extending toward the ciliary border—in which case it will be oval.

The iris, as well as the pupil, possesses some interesting comparative points. In fish it is mostly immovable, and of great size. In some varieties a thin membrane is suspended in front of it; in others two pupils exist in each iris. In certain individuals belonging to the *reptilia*, this opening is rhomboidal; in others again, as serpents, crocodiles, &c., it is a slit or fissure; in graminivorous mammals it is transversely ovoid, and in the small individuals of the "*felidae*," as cats, it is a long vertical fissure.

Retina.—The ophthalmoscope is no less essential for an examination of the retina than of the choroid of the living eye. As it underlies the latter, effusion from the choroidal vessels may occur, so as to separate parts or even the entire membranes from each other; hence the tremulous condition of the retina which is

noticed, moving in the exuded liquid. If a portion is separated, it projects inward upon the vitreous humor, the direction of least resistance, and produces from its opaque, non-reflecting surface, the dark spots observable by the ophthalmoscope. Large deposits of pigment may occur in the retina. Clots of blood, both in and beneath the retina, are seen to exist, constituting an apoplexy of the coat. The vessels which furnish this blood are the branches of the *arteria centralis retinae*, from which the vascular element of the membrane is derived.

It is very evident that the nerves of the eye are for the most part intended for the iris and ciliary muscle and cornea, and therefore, unless as a result of pressure, we might expect there might be extensive disease and hopeless alteration of structure in the choroid or retina, without the patient experiencing much pain. Modern observation proves this to be the case.

Humors of the Eye.—The great interior bulk of the eye is made up of three bodies, called humors or lenses. They are the *vitreous*, *crystalline*, and *aqueous*. They each have different degrees of density.

Vitreous humor.—This is the largest of the three, and forms a very large portion of the globe. It is placed posteriorly to the others, extending from the back of the eye almost forward to the ciliary ligament, is spherical in shape, of the consistence of jelly, and in front has a depression in which rests the crystalline lens. The vitreous humor is surrounded by a thin homogeneous membrane, "*the hyaloid*." In the foetus the interior consists of numerous cells supporting the vitreous mass, formed by dissepiments projected from the inner surface

of the hyaloid. If they exist in adults, they are certainly not very easily distinguished. The artery to the lens passes through the centre of this humor, and in health it should be perfectly transparent.

Crystalline lens.—In the little cavity, or depression, in front of the vitreous body, rests the crystalline lens. It is a dense, transparent substance, of a double convex form, the posterior surface the more convex of the two, and is surrounded by a homogeneous elastic membrane—the “capsule;” after middle life it begins to approach a yellow or amber color. The little circumferential elevation formed by the union of its two surfaces is called the *border* of the lens. This crystalline body is maintained in its position by the ciliary processes, and a suspensory ligament, the latter commonly known as the “*zone of Zinn*.” The ciliary processes belonging to the choroid, are very vascular, and arranged around the border of the lens, being connected to the latter merely by apposition. At the commencement of the depression in front of the vitreous body, the hyaloid membrane divides into two laminae, one of which passes into this depression, forming the floor upon which the lens rests, the other layer continues forward to the border of the latter; this is the suspensory ligament, and it is really difficult to say whether it belongs to the retina or hyaloid. Unquestionably its connexion with the retina is sufficiently intimate to connect that coat, from the *ora serrata* to the ciliary processes, as well as to retain the lens in situ.

Figure 28.

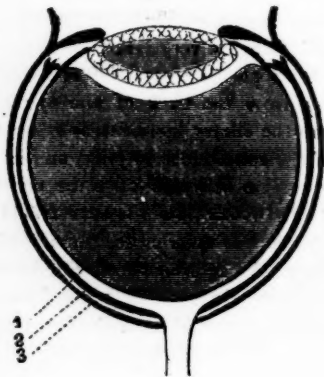


Fig. 28, represents the vitreous humor surrounded by its hyaloid membrane, in front of which is a depression in which is seated the crystalline lens, surrounded by its capsule, and between the capsule and the lens, the sub-capsular cells. Exterior to the vitreous body is the retina, which in front is seen to terminate by serrations—the “*ora serrata*.” At this point it is connected with the hyaloid membrane, and continued on to the border of the lens by what is called the *suspensory* ligament of the lens. Exterior again to the retina, is the choroid coat, ending in front by two layers, one of which turns out, and is that extension which connects this tunic with the ciliary ligament; the other turns down to the border of the lens, upon and a little in front of which it rests. This is a ciliary process.

The lens consists of a somewhat concentric arrangement of hexagonal tubes, which like radii converge from its circumference to the centre, becoming denser as we approach its centre, where it is so firm and hard as to be termed the *nucleus*, and which, if hardened and then pressed upon, will separate into three segments, a phenomenon depending upon the arrangement of the forementioned tubes. Between the capsule and the proper substance of the body is a layer of nucleated cells.

The crystalline lens is non-vascular, except in the embryo, where a small vessel from the *arteria centralis retinae* passes through the centre of the vitreous humor to the capsule of the lens, and spreads over it a beautiful plexiform expansion of vessels, some of which branches extend to the *membrana pupillaris* and the iris.

Aqueous humor.—This is a thin transparent liquid, which occupies all the space from the crystalline body to the cornea. Suspended in it is the iris, which divides this space into two unequal apartments, which communicate through the pupils, called *chambers*. Thus we have an anterior chamber between the iris and the cornea, and a posterior chamber between the ciliary processes, and lens behind, and the iris in front. The last is greatly smaller in the antero-posterior direction than the first.

Practical Observations.—The vitreous humor, filling up a large part of the interior of the eye, maintains the sphericity of the globe; hence when the ball is pressed upon by the fingers, we obtain an impression of resistance, with the slightest sense of elasticity. Should the proper consistence of this humor be changed, and become thin, this resistance is lost, and the sclerotic tunic becomes soft and yielding, circumstances which are sufficient, independent of instrumental observation, to indicate such a change. It may become so thin as to flow out in the operation for cataract.

This alteration in the consistence of the vitreous humor is liable to follow a prolonged inflammatory attack of either the choroid or retina. When the humor is broken up and liquified by morbid changes, some of its more solid fragments will float about, giving rise to dark specks, a kind of *muscae volitantes*, which so much annoy some persons. Small clots of blood are found now and then in this body, and must come from the central artery of the retina. These will likewise form dark masses, which will seriously impair vision. The dark bodies which some patients complain of seeing shortly after a blow upon the eye, may be accounted for in this way. A peculiar sparkling state of the humor is noticed, appearing like numerous metallic-looking particles whisking about from place to place, which might not inaptly be compared to a body of water just commencing ebullition. This is the "*synchysis étincelant*." It indicates a fluid state of the vitreous humor, as well as change in the crystalline lens; the glistening particles which float in the former, being plates of cholesterine formed from the fatty degeneration of the latter. The gelatiniform density of the vitreous body enables the oculist to place the lens in its substance in cases of couching, with a reasonable expectation of its being there retained. Consistence and transparency are the clearest indices of a sound vitreous humor.

The lens being seated on the vitreous body, and retained there by the suspensory ligament, may be displaced by violence completely, or partially, rupturing this ligament entire, or at

a certain point. The aqueous humor being in front, may float it out through the pupil into the anterior chamber, where it will be readily recognized. By contact with the iris, inflammation of this structure may be developed. It will be evident, that when thus situated, a section of the cornea will be required for its removal. Or the crystalline lens may stick to the bottom of the posterior chamber, and escape detection being behind the iris. As the healthy humors of the eye are all transparent, we cannot, by looking into the organ, distinguish the one from the other, it is like viewing a glass of clear water; the whole appears to be one mass. There is, however, a very certain method of determining either its removal or change of structure, founded upon its lenticular form. Being double convex, it reflects an image from both surfaces, the posterior one being inverted, the anterior upright. The cornea likewise exhibits another upright image. If therefore a candle be placed before a sound eye in a dark room, three flames will be visible, two upright, from the cornea and front surface of the lens, and one inverted from the hinder face of the same body. The latter is usually the most difficult to detect, but by moving the light from side to side, and careful observation, it will soon be distinguished, always passing in an opposite direction to that moved by the flame. Now if the posterior images are absent, either the lens has disappeared or its structure undergone change. This test is often employed to detect cataract, and called the *catoptric test*.

As the lens is posterior to the iris, and inspection of it must be made through the pupil, the opening should be made as large as possible by dilatation with agents known to possess such a property. Opacity in the lens constitutes cataract. This change may be seated in three situations; beneath the capsule in the external and softer part of the body, and in the internal central or nuclear portion. The first involves a change in the sub-capsular layer of cells, in which case the milkiness or opacity will be diffused between the capsule and the lens, as there is nothing to limit its extension. If the external portion of the body be

the seat of such alteration of structure, it may very frequently be detected by its striated appearance, occasioned by the opacity of the tubules. When these are broken down into a disorganized pulp or cretaceous mass, this appearance of course will be lost.

The nucleus of the lens, as stated in its anatomy, being much more dense than the part exterior, resists the breaking up and disintegrating process longer than the latter, and therefore exhibits its tubular radii much longer. Liquefaction of the substance of a lens gives it a milky appearance, for which reason it is called a *soft* cataract. Occasionally they appear mottled, of a gray and glistening aspect, resembling a piece of fractured metal. In such case the degeneration has resulted in punctiform deposits of earthy matter, intermixed with fat. Such are called *hard* cataracts. As an amber tint is connected often with cataractous disease, in our examination, the fact should not be forgotten that this color in some degree after middle life and upwards, belongs naturally to this body.

The lens being situated in the axis of vision, and being the most important focusing medium, a loss in its transparency, must intercept the passage of light to the retina, and be followed by partial or complete blindness of the eye affected.

Opacities do frequently commence in the central part of the crystalline lens extending gradually towards its circumference. Where such is the condition, if the pupil be dilated, a larger column of luminous rays will enter the organ, and falling upon the circumferential, clear part of the lens, the patient will see quite well. This is often one of the tricks of professional charlatans to dupe a credulous public and secure exorbitant fees.

The operation for cataract consists in removing this opaque body out of the axis of vision. They are designated by the terms, solution, couching, extraction. In the first two, the lens is reached through the posterior chamber, the last through the anterior, after a section of the cornea. The iris, from what has been already said, will be understood to divide these two chambers; the sclerotic-corneal line corres-

ponding to the circumference of the iris, will be therefore the point of reference. If the needle enters a short distance behind this, it passes into the posterior chamber. As the operator can only view the movements of his instrument through the cornea and pupil, the propriety of increasing the size of the latter by dilatation will be apparent. The smallness of the posterior chamber will not admit of much antero-posterior movement, without danger to the iris.

The lens being enclosed in its capsule, this must in many cases be first divided, in order to act upon its substance. The elasticity of this capsule secures a free exposure of the body, when once divided. When the object is to divide the lens into small pieces, as in the operation by solution, the fact of its fibres being concentric in their disposition, will enable us to accomplish the end in view most satisfactorily by acting parallel to its surface.

Reduction of a Dislocated Humerus after Eighteen Weeks.

By JOHN SWINBURNE, M. D.,
Of Albany, N. Y.

On the thirteenth of October, 1859, Mr. Wm. Sutliff, of Brockett's Bridge, Herkimer county, aged sixty years, was overturned in a wagon, which he was driving, in such a manner that his left hand, grasping the reins, was drawn in an extremely extended position. In this position, a projection of the wagon struck the arm near the shoulder joint with great violence.

Dr. E. S. Walker was called, and examined the arm within an hour after the injury. He gives an interesting, detailed history of the case, while under his treatment, from which the following condensed account is quoted:

"I found the arm near the shoulder considerably swollen; also the shoulder. On grasping the arm, I found it freely moveable in all directions, and distinct crepitus under my hand. I diagnosed fracture of the arm, near the shoulder joint, and, without suspecting any injury of the joint, except that consequent upon the fracture. I dressed it in the ordinary way for fracture."

Dr. Walker conducted the case very judiciously, and it resulted in perfect union of the fracture in six weeks. In two months more, Mr. Sutliff had gained the use of the arm, with the exception of utter inability to extend it from him; that is, to raise the extended arm to a horizontal position.

This lack of free motion was accompanied by a great diminution and almost loss of nervous power. The hand and fingers were stiff, the arm numb, and sensation very greatly impaired—just as would be the case if, from any cause, the nerves of the arm, or the axillary plexus, were subjected to constant pressure.

The difficulty continued without improvement, so that Dr. Walker, suspecting the cause, made a thorough examination of the shoulder on the first of January, 1860, and discovered that the humerus was dislocated downwards and forwards.

Although it was now considered very doubtful whether the case was susceptible of relief, on account of Mr. Sutliff's age, the complicated nature of the original injury, and the length of time which had elapsed since the accident, it was decided to submit the case to counsel, the patient himself being exceedingly eager to have a trial made on the possibility of success.

Accordingly, Mr. Sutliff consulted several physicians, and among them myself; and on the 18th of February, 1860, he entered the Albany City Hospital, under my charge, as a private patient. He is sixty years old, enjoys unusual health, and possesses a sturdy frame, with powerfully developed muscles.

February 21.—Present and assisting, Drs. Armsby, Warren, Vanderpool, Bailey, Willard, and Young. Patient was rendered insensible by means of chloroform, and the relations of the morbid structure of the shoulder accurately diagnosed, the head of the humerus lying in the axilla, as in ordinary dislocation, downwards and forwards. The head of the bone was considerably thickened, and there were indications of great deposits of fibrin in and about the axilla, so that the motion of the arm was greatly limited. Efforts were made to reduce, precisely as in ordinary recent

cases, by placing the heel in the axilla, and manipulating with a view to elevate the head and carry it outward at the same time. The extension thus made being insufficient, a ring, well padded, was drawn over the arm and adjusted under the axilla, and the extension was then made from the arm by means of the pulleys. In this way, the head of the bone was soon raised from its abnormal position and carried to its socket, when, had the case been a recent one, the operation would have ended successfully. But, undoubtedly from obliteration of the glenoid cavity from deposits, the head of the bone would not remain *in situ* when the extension and other reductive efforts were relaxed.

After about two hours of active and passive reductive efforts, it was thought safer to desist and have recourse to permanent and constant means, which I have made use of in similar cases with almost unexpected results. Accordingly, a large wedge compress was crowded into the axilla, and retained there by means of a strap and buckle over the shoulder, and the arm carried forwards over the chest and confined there, thus acting as a lever to force the head of the humerus outward; while, by means of an appropriate sling, the elbow was pressed upward. The combined action of the two forces would, of course, confine the head of the bone as nearly as possible in the desired position. The patient was then placed in bed, and the shoulder swathed in cold cloths.

February 27.—Patient suffered somewhat, the first few days, from the soreness and swelling incidental to the force used in endeavoring to make the reduction, but is now much better, the swelling having subsided, and the tenderness nearly disappeared. The position of the humerus, in some respects, is slightly better than before, as evinced by the fact, that the stiffness, numbness, and paralysis of the hand and fingers have very much improved, from the removal of the pressure upon the axillary plexus. But the shoulder joint is yet far from symmetrical, the acromion process-jutting out quite prominently with a considerable depression below, between it and the

head of the humerus. I now resolved to continue the same process of prolonged and constant reductive efforts, but with somewhat different means.

The patient was placed on his back in bed, and a padded band placed in the axilla and fastened, after the manner of a perineal belt, to the head of the bedstead. Adhesive straps were applied to the arm, terminating in a loop and cord passed over a pulley at the foot, and a sufficient weight attached. A broad band was then placed under the arm, as near the shoulder as possible, terminating in a cord, which was placed over a pulley, and sufficient weight applied to maintain a constant force, lifting the head of the humerus out of the axilla and upwards towards its natural situation.

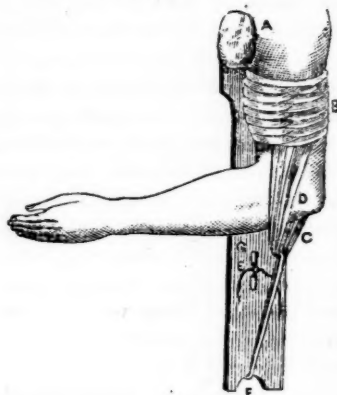
March 4.—The means above mentioned seem to be accomplishing the desired results quite effectually. There is a decided progress towards symmetry of the joint, while the relief to the hand and fingers, from the removal of pressure upon the nerves supplying them, is very striking. The only disadvantage connected with the present treatment, is the tedium and weariness natural to a constrained recumbent posture.

March 10.—The same treatment has been persisted in until to-day. Desirous of relieving the patient from his irksome position in bed, which he has occupied for twelve days, I allowed him to get up, and arranged different means for carrying out the same principle in which I have persisted from the beginning.

These means consisted of a splint for the inside of the arm, furnished with a crutch and highly padded compress for the axilla, and extending several inches below the elbow, as represented in the cut. Adhesive strips (D) were then applied to the arm, so as to form a loop (C), and prevented from sliding by the circular plasters (B). A strong cord was then drawn through the loop, passed over the end of the splint, and secured by tying through the apertures (A), the amount of extension being regulated by the tightness of the cord.

The rationale of this apparatus is quite apparent. Its efficacy consists in permanent

extension and counter extension, together with the crowding effect of the compress (A), the result being a steady, prolonged, reductive operation, while the patient is enabled to walk about and exercise without any apprehension of displacement.



March 12.—Patient is perfectly comfortable; can now open and close his hand with perfect freedom and ease, which was before utterly impossible. The joint is gradually assuming its natural symmetry.

A few days subsequent, Mr. Sutliff returned home under general instructions as to treatment, and placed himself under the care of Dr. Walker, his physician, under whose careful and judicious treatment the cure progressed very rapidly. The history of this case is best completed in the words of Dr. Walker who writes as follows:

"After his return from the hospital, I continued the dressing you had applied, re-dressing about every other day till the 9th of April, when, by passive and voluntary motion at each dressing, he had so far recovered the use of his arm as to be able to raise it, by its own muscles, on a line nearly parallel with its origin; and, though the shoulder looked smaller and sharper from atrophy of its muscles, there was no distinguishable difference, on measurement, between the distance from the point of the acromion process and the greater tuberosity of the head of the humerus. I then discontinued all dressings, and advised him to use the arm moderately, which he has been

doing; and he is now working some at his trade, boot and shoe making, chopping wood, planting, &c., and, on the whole, regards his case as a providential cure."

A Case of Supposed Infanticide, with Remarks on the Hydrostatic Test.

BY CHARLES F. J. LEHLBACH, M. D.

No. 3.

2. *If the Lungs Sink, it is not Positive Evidence that the Child did not Live.*—This of course has already been proven under the preceding head. We have seen that the lungs may sink in cases where children have lived, breathed, and cried for several days. Regarding this part of the hydrostatic test then, there remain to be mentioned only the following circumstances, which may occur, preventing the child, though born alive, from respiring, and hence invalidating the hydrostatic test, in so far as the sinking of the lungs does not prove absence of life.

1. Many new born children often do not respire at once, and not until considerable time has elapsed, from weakness, exhaustion, syncope, temporary compression of the brain in difficult labor, or from the filling of the mouth and air passages with mucus, amniotic liquor, or pressure of the cord, and yet continue to live, without respiring, for a certain length of time, the heart and circulation being active, until art succeeds in removing the obstacles. This truth, daily demonstrated, and one of which every obstetrician and midwife is aware, was already promulgated, as cited in our former paper by the Medical Faculty of Wittenberg in 1684.

2. Respiration may actually have taken place, as far as regards the respiratory movements of the throat and thorax, and this may have continued for hours and days; and yet the lungs may *wholly or partially sink*, from the want of expansibility, etc., atelectasis of the organ.

* 3. Malformations, an abnormal position of the diaphragm, or malformation of the bony thorax, preventing mechanically the expansion of the lungs, may produce *sinking* when the child has lived.

4. Infanticide may be intentionally committed by throwing a living child, but before it has respired, into water, or closing its mouth with the hand, when the lungs will sink on the application of the hydrostatic test. Here the very means, which have destroyed the life of the child, have prevented respiration, and thus destroyed the validity of the test.

The hydrostatic test, hence, as far as the sinking of the lungs is concerned, can never determine the life of the child without respiration, nor does it positively prove that the child has not breathed, nor that it has not lived; and it is furthermore in many cases entirely inadmissible.

Does the hydrostatic test furnish positive evidence that the child has lived?

1. *If the lungs float, it is not positive evidence that the child respired.*—While in the first part of this paper we have discussed the value of the hydrostatic test, in reference to the sinking of the lungs, we now come to the most important part of the subject, that relating to the floating of these organs. Under certain circumstances and conditions the floating of the lungs must be considered as almost positive evidence, and there have been and are individual cases, in which, connected with other facts, the floating of the lungs furnishes the strongest presumptive evidence that a child has breathed and lived, yet, as a general abstract rule, floating of the lungs cannot be looked upon as affording positive evidence.

Artificial inflation of the lungs has long been known to render the lungs buoyant in water, and as far as one hundred years back this point has been controverted. Roederer, in a*

* Medical men are frequently heard to remark, when the question of artificial inflation is broached: nonsense, absurdity, and with Haller object: How can you suppose that a woman committing infanticide, should inflate the lungs of her child? This objection has long since been fully met by Plouquet and Roose, on the just ground that in criminal cases it is first to be determined whether the accused or suspected person is an infanticide; and that it is contrary to all rules of evidence to overrule a doubt, to which the prisoner is entitled, by the very presumption of her guilt.

treatise on suffocation, published in 1754, denied the truth of the assertion, and the celebrated *Hebenstreit*, in his work "*Anthropologia Forensica*," expressed his doubts about it. Since, then, however, the mass of testimony on the affirmative side of the question, has accumulated so strongly, that one can hardly fail to be convinced of its truth. In the commencement of this century Dr. W. J. Schmitt published a treatise on the hydrostatic test, which contains so concise and clear observations on this subject, that we must wonder how it is that our text books, since that time, have not succeeded to impress this one fact upon the profession: that artificial inflation can be carried to such an extent, as to float the lungs of still born children; and this so completely that through the mere experiment of floating, and through the examination of the lungs alone we are entirely incapable of determining, whether the filling of the lungs was artificial or natural. To the many cases on record the writer may add one.

On July 12th, 1859, I was invited by Drs. Dodd and Thomas, of Newark, N. J., to be present at the post-mortem examination of a woman, who, on the day before had been thrown out of carriage, and died early the following morning from sanguineous effusion into the brain, the result of the injury. She was about seven and a half, or eight months, advanced in pregnancy, and thus an excellent opportunity was offered to test the question.

The uterus, which measured $11\frac{1}{2}$ inches in diameter longitudinally, and 8 inches transversely, was removed, and, with its contents, taken away for further examination.* The os was completely clogged up with the gelatinous, tough mucous of pregnancy.

The fœtus, as already stated, advanced to 7 or 8 months, was that of a female, tolerably well advanced for its age.

The thoracic cavity was carefully opened,

and the lungs found to be, as usual in such cases, of a liver-brown color, and receding to the spinal column, leaving the heart completely uncovered. On touch, it presented, of course, not the slightest feeling of elasticity or crepitation, but seemed perfectly solid and compact. Though the experiment was not made, (in order to preserve the organ for the subsequent experiments,) yet there can be not the least doubt that these lungs would have sunk completely in mass and cut to pieces, had the hydrostatic test been applied at this stage. An incision was then made into the trachea, and the stem of an ordinary clay pipe introduced, through which the lungs were inflated. The force employed in inflating was slight at first; the lungs at once commenced to expand, and by the time they were fully inflated they occupied at least three times the space than before. By *sucking* they were readily brought back to their first foetal condition; yet when they were inflated, and then left to themselves, they remained inflated perfectly.

They also, after full inflation, assumed a lighter color, nearly, if not entirely that of the lungs of children who have breathed. Crepitation was as complete as in the lungs of the living, and from their size, shape, color or feel, it was impossible to distinguish them from lungs in which natural respiration had taken place. The last inflation was made forcibly, so that several air vesicles on the surface of the lungs were made to burst, and a certain degree of superficial emphysema was produced. The hydrostatic test was then resorted to as follows: The lungs were taken out, with the heart attached, and put into a jar filled with water; the whole floated, the buoyancy of the lungs being sufficient to keep the heart afloat with them. The whole mass of the lungs was then squeezed with considerable force, and again plunged into the water, with precisely the same result as before. The heart was then detached, and the two lungs separated and placed in the water separately. Both floated. They were then squeezed with still greater force, which did not, however, change the result of the experiment. Next, both lungs were cut into

* The placenta was blown up after the manner of Dr. Dalton, and his description of the vascular arrangement of the placenta and uterus fully exemplified.

small pieces, each of which floated on being thrown into the water. These were squeezed between the fingers and scraped with the nails, so as to even impair the structure of the tissue—still every particle floated.

During the whole of this experiment Drs. B. L. Dodd, Luther G. Thomas, Edward A. Pierson and Mr. J. C. Craven were present.

While this observation appears to establish the general fact that, by means of artificial inflation, lungs which never have performed their office may be made sufficiently buoyant to float, and this so fully and completely that it is beyond our power to distinguish it from natural inflation; still objections might be raised against the validity of the above experiment, with perhaps apparent propriety, because the inflation was not effected *per vias naturales*, but through an opening into the trachea; yet, from previous experiments, we are fully convinced that inflation may be performed through the mouth so completely as was done in this instance through a hole in the trachea, and the numerous instances of a similar nature elsewhere recorded, hardly leave any doubt in the matter.

There is one point in the foregoing case which seems of considerable interest. It is the change of color of the lungs, from the foetal liver-brown to the light hue which took place after artificial inflation. This shows conclusively that the change of color is owing neither to the influence of the circulation, nor to any chemical or chemico-physiological influence of the inspired air upon the lung tissue, but simply to the physical effect of the presence of air, resulting in a different refraction of the light. If we take an India-rubber bladder, and squeeze the air out of it, it will look dark, while upon forcible inflation, its walls will become thinner, transparent, and of a considerably lighter tinge. A process similar to this takes place in the lungs. The air cells, the walls of which have hitherto been in close contact, and which have not formed cavities, are now expanded, their walls rendered thinner, and at the same time their cavities are filled with transparent gases; certainly conditions which a priori should lead us to

expect the lungs to become of a lighter hue. The change of color, then, from the foetal brown to the light tinge, being due to purely physical causes, and these physical causes being capable of application in the still-born, or even the immature foetus, its physiological significance, in a medico-legal point of view, cannot be considered as positive, if, indeed, any significance can be attached to it.

Another point of some interest is the crepitus which was present, both on touch and when the lungs were cut with the knife. I must not forget to add that, from the cut surfaces of the lungs, there was exudation of serous fluid, more or less bloody, quite as much as I have seen in dissections of infants who had breathed.

It is hardly possible to arrive at another conclusion than this: that the lungs of a still-born child, or even of a seven or eight months foetus, may be artificially inflated, and sufficiently so to float them.

Does artificial inflation leave any marks or traces in the lungs or elsewhere, by which it may be distinguished from natural respiration? This question—one of the utmost importance—will be dwelled upon subsequently.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MAY 26, 1860.

MEDICAL DEPARTMENT.—Service of Dr. Levick.

Acute Rheumatism treated with Propylamine.—Aneurism of the Aorta.—Anemia, with Softening of the Brain.

Acute Rheumatism.—This is the case of acute rheumatism treated with the chloride of propylamine, the first of those to which I called your attention at our last clinic. She is still very comfortable, and is now taking three grains of the salt thrice daily.

In this case the chloride of propylamine has seemed to be followed by very satisfactory results. The second case to which your attention was called at our last lecture has also continued to do well. I will now bring before you a very characteristic case of acute rheumatism, and if the result be as satisfactory, I think, as good jurymen, we shall justly render our verdict in favor of propylamine.

He is a seaman, æt. 26, who was admitted a few

days ago. Has had occasional rheumatic pains, but not so as to keep his bed, until eight days ago. The pains began in the right knee, subsequently affected the left knee, and later, the joints of the upper extremities. These joints are all swollen, tense and tender. His tongue is furred; his skin, at present, dry, though there has been much sweating. His pulse is full and strong, and about 90. His bowels were moved by Scudamore's mixture, and he was then put on the use of the chloride of propylamine, gr. iij., every two hours. He has now used it for twenty-four hours.

This, gentlemen, is what may be called a strictly typical case of acute rheumatism. There was exposure to cold and wet in a person of rheumatic diathesis, and this exposure is followed by a feeling of coldness, severe articular pain, beginning, as it usually does, in the lower joints, and involving the smaller and upper joints later. There is fever, and the profuse sweating so generally attendant on acute rheumatism,

You see I am careful to examine the heart. This should always be done in cases of this kind, even though the patient himself may not direct attention to it. Inflammation of the endocardium or of the pericardium, alone or conjointly, is so frequently associated with acute rheumatism, that it constitutes a very serious complication of the disease. Our patient has at no time experienced pain in this region, yet there was a distant bellows murmur heard on the day after his admission. It is a very fortunate circumstance that rheumatic pericarditis and endocarditis are not nearly so serious in their character as the idiopathic forms of these diseases are. But not only these structures, but also the pleuræ, and even the lungs, may be the seat of this rheumatic irritation, and when all these are simultaneously affected, as they sometimes are, the case assumes a most alarming character. I did not, however, bring this patient before you with the intention of giving you a lecture on all the points connected with rheumatism, but to again give a trial to the new remedy we are testing, and to exhibit to you this typical case, as I have called it, than which there could not be a fairer opportunity for trying the medicine in question. We are, therefore, avoiding the use of all other medicines, even anodynes, that there may be no misgivings as to which was the efficient remedy. You shall see the case at a future clinic.

Aneurism of the Aorta, with Hypertrophy of the Heart and Valvular Disease.—As a not unfrequent result of rheumatism, we have disease of the cardiac valves, of the aorta itself, and hypertrophy of the heart. We have here a seaman, who was admitted into the hospital yesterday. He is 43 years old, and has at different times been a patient in this

house. It is difficult to get a connected history, but I have succeeded in learning from him that he had good health until eighteen years ago, when he had an attack of inflammatory rheumatism. Soon after this he had what he calls West India fever, with which he was laid up for six weeks, but, after this, was well until the summer of '46, when he was struck on the left breast with a wrench handle. This laid him up for a few days. Six months after this he had another attack of fever. Always has pains in his joints when he gets wet. Though he has but little shortness of breath at this time, yet he has had it "off and on" ever since he was hurt, especially when he walks fast or goes aloft. He came to us, as he has on several occasions, suffering from cough and bronchitis, of which last disease there were the usual sonorous and sibilant rales.

We ascertain that there is hypertrophy of the heart by the increase of dullness on percussion. In the normal condition we have dullness extending from the middle of the sternum about the fourth intercostal space out towards the nipple, but not reaching it, and the point of impulse of the heart is an inch within and below the nipple—while in the case before us, as you perceive, the dullness extends to the nipple, and the point of impulse is on a line with the latter. At the region of the mitral valve there is a harsh bellows murmur, along the aorta there is a strong sawing sound. There is a pulsation felt when the fingers are applied over the subclavian, and the characteristic aneurismal thrill is felt. There is a harsh stridulous cough, a very frequent attendant of this affection, and a perceptible modification of the voice. There is no great dyspnoea. (The patient having been dismissed, Dr. L. exhibited a dried anatomical preparation of the heart, aorta and its superior branches, explained the nature and formation of aneurisms, their symptoms, progress and mode of termination.) In this instance it would seem that the part involved was the arch of the aorta, which from its position, receiving as it does the first jet of blood, is peculiarly prone to dilatation. From the fact that the thrill is most obvious at the left subclavian, and that the pulse of the left radial is much feebler than that of the right, it would seem that the tumor is most developed on the left side, involving, it is possible, the roots of the vessels given off at this part. It is very interesting in this case, to notice the occasional subsidence of all serious symptoms with which this man is at times troubled. He has on several occasions been admitted in the hospital suffering from urgent symptoms, remained quietly here for a fortnight, then has gone out, resumed his occupation as a sailor, even to going aloft, then returned again, been relieved, and again gone back to his ship. It is indeed by quiet and rest that most is to be gained in the treatment of this terribly dangerous disorder. At any mo-

ment, hastened by any undue exertion, rupture of the sac might occur and instant death result. While by pursuing an opposite course, life may be protracted for years. A striking illustration of this was afforded us in this hospital recently. A man was admitted in the summer of 1857, suffering from great dyspnoea, the result of aneurism of the aorta. There was also in his case effusion into the right pleural cavity. Under the use of diuretics, and by rest and quiet, this man improved greatly, and from a condition of horrible orthopnea, became able to move about, and at last to be quite useful as an assistant in the ward. So convinced were we of his critical condition, that we allowed him to remain in the hospital much longer than usual, so that for two subsequent years, I found him in his place when resuming my term of service. On one occasion, permission was given him to spend the day a few miles out of town. Being a little late for the cars, he walked rapidly, was seized with violent dyspnoea, and fell over in a fainting fit, and was brought back to the hospital.

In the spring of 1859, he was so comfortable that he was rarely in bed, and so far as general symptoms were concerned, presented little evidence of disease, but the physical signs continued; there were the same harsh sawing murmurs over the sternum, with the separate heart sounds. Contrary to our advice he determined to go to New York, which he did, but the hurry and excitement of landing were too much for him, and he fell dead a few minutes after he stepped ashore. A case very similar to this was reported in the London *Lancet* about a year ago.

In the treatment of such cases there are two truths which I wish to impress on you. Do not think every case of heart disease is to be treated with digitalis. While there are cases in which the violence of the heart's action is safely and best quieted by this sedative, there are others in which its use is in every respect improper. In many cases of valvular disease the structure of the heart itself has undergone great change. In some instances there is extreme dilatation of its walls, in others the tissue of the heart has undergone fatty or other degeneration. In such cases there may even be frequent action producing palpitation and dyspnoea; but this is not the strong contraction which will call for the depressing action of digitalis; on the contrary its influence, cumulative as it is, may so depress the heart's action, that it may cease to beat at all. So too, in those cases, in which the increased action of the heart is but the necessary compensation for the mechanical obstruction afforded by valvular constrictions; here the depressing effect of digitalis would be positively injurious.

Do not mistake, as I fear is sometimes done, a

pulse which is *frequent and feeble* for one which is *rapid and full*. Remember that this very frequency is a result of, and to some extent the measure of debility, and that the pulse will become slower under tonic treatment.

Bear in mind, gentlemen, that there is no more certain provocative of increased action of the heart, than an anemic state of the blood, and that there is no more efficient means of preventing coagulation in the aneurismal sac, the chief hope of cure, than by diminishing the plasticity of the fibrin of the blood. In the first instance, every part of the body feeling its need of a supply of proper blood transmits its sense of this want to the brain, which in its turn conveys it to the heart, which is thus stimulated to increased frequency of action in its effort to supply in quantity of blood what is lacking in quality. Avoid therefore the method of treatment proposed by Valsalva, which consisted in extreme abstinence, but so moderately supply your patient with food, that he may escape the evils of plethora on the one hand, and of anemia on the other.

Anemia from Prolonged Lactation—Softening of the Brain—Death.—We have recently lost a patient whose case was an unusual one, and one of much interest. A woman, aged about thirty years, was admitted for anemia, which was very decided. She was the mother of three children, the youngest about four months old. There was an interval of but sixteen months between the births of the last two, and she had nursed the elder until within three months of the birth of the younger child, so that for six months gestation and lactation were both carried on. She was very poor, destitute of all suitable provision for her lying in, and was left very feeble after her confinement. When received at the hospital she was very pallid, complained of a buzzing in her head, or as she expressed it, "a feeling as if there were a dashing of water in the head." Along the jugulars could be heard very distinctly the *bruit de diable*. There was frequent, but feeble action of the heart, but no other symptoms of disease of any kind existed. She was given full diet, and pills of the carbonate of iron and sulphate of quinine. After a few days she complained of sick stomach, occurring in the morning, and she believed herself to be again pregnant. This sickness was limited to the morning, later in the day she was able to leave her bed, and on the day preceeding her death was walking in the garden attached to the hospital. She was suddenly seized with convulsions, which continued for twelve hours, when she died. After death there were found minute tubercles on the pleura and on the mucous membrane of the intestines, in their very incipency, and in a condition in which they did not appear to have produced any

irritation of these structures, as was shown during life by the absence of cough or of diarrhoea. There was a remarkable thickening of the entire muscular coat of the small intestine, but no disease of any other structure, excepting that of the brain. This was found *completely softened*, almost diffuent, and of a pale, creamy color. The thalamus opticus and corpus striatum were much softened, but the ramollissement was not limited to these structures, but involved a large portion of each hemisphere. There was no evidence of meningeal inflammation. Careful search was made for tubercles but none could be detected. Nor could any evidence be found of pre-existing inflammation in the substance of the brain. This was examined carefully, in mass, and subsequently by the microscope. The healthy brain tissue was everywhere broken down, but no compound granular corpuscles, or other evidence of cerebritis, could be discovered. The basilar artery was carefully searched for fibrinous clots, and its structure examined for osseous or other degeneration, none of which existed, and we are compelled to believe that the softening, which could not have been cadaveric, was due to inanition, to a want of proper nutrition, in consequence of the hydræmic condition of the blood, brought about by the prolonged lactation, the gestation, and the destitution under which our patient had suffered.

The periodical remission and exacerbation of symptoms in disease of the brain, is of frequent occurrence, but it is not a little remarkable that such a change of structure of the substance of the brain should have existed without loss of motion, or of intellect.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

THIRTEENTH ANNUAL MEETING,

Held at New Haven, June 5th, 6th and 7th, 1860.

Reported expressly for the Medical and Surgical Reporter,
by Dr. J. SOLIS CORN.

FIRST DAY'S PROCEEDINGS—*Morning Session.*

The members of the Association convened at the Chapel of Yale College, and at 11 A. M. were called to order by the President, HENRY MILLER, M. D. of Kentucky.

A prayer was offered by Prof. FISHER, of Yale College.

DR. JONATHAN KNIGHT, of Connecticut, on behalf of the Committee of Reception, welcomed the members of the Association to the hospitalities of the city. He spoke in graphic terms of the benefits accruing to the profession and to the world by the annual

gatherings of the Association, which kept up a good feeling between distant members of the profession; he recommended such modes of action as would advance the general interests of the profession. He gave an epitome of the gradual progress of medicine, and dwelt at length upon the improvements in surgery, made during the present century, alluding to the operation of lithotripsy, the ligation of the large arteries, and the introduction of anæsthetic agents. The address was listened to with profound attention, and greeted with marked applause.

DR. CHAS. HOOKER, Professor of Anatomy and Physiology in the medical department of Yale College, as Chairman of the Committee of Arrangements, addressed the Association as follows:

"*Mr. President and Gentlemen of the Am. Med. Association:*—It is with unwonted gratification that the Committee of Arrangements welcome you to the City of New Haven. And we only bespeak the common feeling of our citizens in saying that we are delighted—nay, proud—to receive you as our guests. We feel that any city is highly honored to become the chosen place of meeting of the Am. Med. Association—a select delegated national Congress, representative of forty thousand members of a learned and humane profession. As a city, we appreciate this honor, and should be ungrateful did we not receive you with a generous and cordial welcome. You meet, gentlemen, for a great and noble object—for the promotion of science, vitally linked with the interests of humanity. Your meetings have a most happy influence in strengthening those ties by which the great Fraternity of Medicine are bound in social compact. Another salutary incidental benefit of your meetings, results from their affording an annual period for relaxation and social enjoyment.

Too many physicians prematurely break down in their career of usefulness, in consequence of unremitted and arduous application to their professional duties; and many of you now present, whose exhausted physical and mental energies need recruiting, could hardly have been drawn away from your routine of toil and care, but for your sense of bounden duty to aid in the great object of this Association. We congratulate you, therefore brethren, on this annual recurrence of our National Medical Jubilee. In behalf of the Faculty of Yale, we welcome you to the halls of this ancient seat of learning, in which you are invited to hold your sessions; and in behalf of the

citizens generally of New Haven, we tender you the hospitalities of our city.

We hope that to all of you this meeting will be a season of pleasant social intercourse long to be remembered for the many friendships here formed; and we trust that the harmony and wisdom of your counsels will efficiently promote the great benevolent objects of our organization."

He then gave notice to the members that arrangements had been made to accommodate the meeting of the different sections as follows:

On Anatomy and Physiology—in Prof. Woolsey's lecture room.

On Surgery—in the Geological Cabinet.

On Practical Medicine and Obstetrics in the Geological Cabinet.

On Chemistry and Materia Medica—in the Chemical Laboratory.

On Meteorology, Medical Topography, Epidemic Diseases, Medical Jurisprudence and Hygiene—in the Chemical Laboratory.

At the last annual meeting in Louisville, it had been recommended to divide the Association into the above sections, in order to facilitate the transaction of business.

After the calling of the roll by the Secretary, Dr. S. M. BEMISS, Ky.,

on motion of Dr. JOHN ATLEE, all the medical officers of the Army or Navy present, were invited to take seats in the Association.

The committee appointed at the last meeting to prepare a code of parliamentary rules for the government of the Association, stated that their report, chiefly the work of Dr. CHAS. A. LINDSLEY, of Conn., was ready, and as it was brief, arrangements had been made for its immediate commitment to the press and distribution among the members, if adopted by the Association.

After some debate, the report was laid on the table.

A recess was here allowed, to permit the delegates from the different States, to choose their respective member of the Committee on Nominations.

At a quarter before one, the Association was again called to order, and the following gentlemen declared the Committee on Nominations:—

District of Columbia—Dr. Boyle.

Maryland—C. C. Cox.

Kentucky—R. I. Breckenridge.

North Carolina—James H. Dixon.

Tennessee—I. S. White.

Delaware—Lewis P. Bush.

Louisiana—Austin Flint, Jr.

Minnesota—D. W. Hand.

Georgia—N. W. Brown.

Massachusetts—D. Humphreys Storer.

Maine—Amos Nourse.

Indiana—Daniel Meeker.

New Jersey—J. S. English.

Rhode Island—James H. Eldridge.

New Hampshire—Geo. H. Hubbard.

Illinois—A. S. McArthur.

Mississippi—U. G. Williams.

Michigan—C. L. Ford.

Pennsylvania—Wilson Jewell.

Iowa—D. L. McGugin.

Ohio—Robert Thompson.

Missouri—M. A. Pallen.

Vermont—Charles L. Allen.

Virginia—James H. Connag.

Connecticut—L. N. Beardsley.

South Carolina—H. R. Frost.

New York—H. D. Bulkley.

A motion was passed to invite the members of the Legislature of Connecticut, then in Session at New Haven, to be present at the Afternoon Session, as the address of the retiring President, which would then be delivered, would contain points of medico-legal interest. On motion the Association adjourned to meet again at 3 P. M.

Afternoon Session.

At 3 P. M., the Association was called to order by Vice President, H. F. ASKEW, of Delaware.

Gov. BUCKINGHAM and Lieut. Gov. CATLIN of Conn., on the platform, were introduced to the meeting by the chairman.

The retiring President, Dr. HENRY MILLER, of Ky., then read his valedictory address.

Our space does not permit us to give this address in full. We subjoin a few extracts.

"Gentlemen of the American Medical Association:—It affords me a great satisfaction to greet you as representatives of the American medical profession, in this beautiful city—the city of Yale College—a city whose intelligent legislation has made ample provision for the education of her children. Let us accept our annual meeting on this classic ground as a token that our deliberations shall favor medical education, the improvement of which was the fundamental design of our National Association. In order that this great object should be readily obtained, I need not remind you how necessary a spirit of moderation is to all

our discussions, and most fervently do I hope such a spirit prevails, to preside over all our sessions.

The duties of the President of this Association are exclusively parliamentary. He is not even empowered to fill vacancies in subordinate committees, much less to give information to the Association of the state of the profession, which, it may be presumed, has occupied his thoughts. During my term of office I have been obliged to assume the power of filling vacancies; and in the performance of this, my last official act, I shall take the liberty of adverting to topics of high concern, not only to our profession, but to the public at large.

"At the last meeting of the Association, a Committee on Criminal Abortion made their report, which was received and referred to the Committee of Publication. The resolutions appended to the report were adopted, and the President and Secretary authorized to bring this important subject, in the form of a memorial, before Congress, and the several legislatures in the different States of the Union. By reference to the proceedings of the last annual meeting, it will be seen that the committee were requested to continue their labors, and take such measures as were necessary to carry into effect the spirit of the resolutions. The chairman opened a correspondence with me early last winter, offering to place at my disposal extra copies of the report, and also various papers published by him in the *N. A. Medical and Chirurgical Review*, containing all the matter necessary for the several legislatures to know, to act properly in the premises. I am happy to acknowledge my obligations for this gentleman's valuable assistance, not only in furnishing the documents he did, but in preparing a memorial, and an address to the State Medical Societies, asking their co-operation to bring this matter before the legislatures of their respective States. The memorial was transmitted, in January last, to the President of the United States and to the Governors of each of the States and Territories of the Union, the legislatures of several of the States being at the time in session. Of the disposition which has been made of these addresses I am not informed, but may indulge the hope that their Excellencies have submitted them to their various legislatures, or will embrace the earliest opportunity of doing so. From want of knowledge of the address of all the State Medical Societies, I was forced, in some instances, to direct to prominent medical gentlemen in various States,

through whom I hope the papers reached their destination. I would here recommend that measures be taken by this Association to obtain annually a list of the various medical societies, and the address of their officers, to be published in our transactions. Besides permitting facility of correspondence, this would tend to bind our medical organizations more closely together, and render them more effective in the great work which it is proposed to accomplish through their instrumentality.

Having laid before you, gentlemen, the measures which have been taken to carry into effect the resolutions adopted at the last meeting of the Association on this interesting subject, which involves the honor of our profession and the great interests of Society, it becomes my duty to warn you that obstructions may be thrown in your path, which may require years of ceaseless vigilance and unremitting effort to overcome the popular ignorance on this subject, while many in your own ranks are to be watched. Popular sentiment either winks at abortion in the earlier periods of fetal development, or only admits it as an indiscretion on the part of the mother, or rashness on the part of the practitioner. This opinion is known to be based upon erroneous views of physiology, derived, doubtless, as all such errors are, from the false speculations of physiologists and naturalists of a former age. Would a poor, delicate minded mother, who would shrink from the very idea of committing an immoral act, relieve herself of that which would otherwise become a burden upon her, were she informed by her physician of the enormity of the crime? The truth should be generally promulgated, that from the moment of conception, the new being, microscopic though it be, is endowed with all that appertains to the development of man. It is at once an individual being, and no more a part of the mother, though she bears it within her, than it is of the father; and is no more dependent on her during its development in the womb, than after birth, when it draws its sustenance from her breast. Were this taught universally, no woman, however degraded or fallen into vice, would go so far as to permit the destruction of her offspring.

It is difficult for legislation in a free country, where the people are the source of all political power, to rise higher than popular sentiment and intelligence. But it is the duty of all our legislatures, in questions which can only be determined by the science of medical jurisprudence, to endeavor to elevate popular

sentiment and remove the ignorance upon this point, rather than to degrade themselves. The necessity of legislation upon this point has been clearly pointed out by the chairman of the committee, and plausible suggestions for the enactment of a suitable law have been prepared by him. We hope the appeal made will not have been in vain.

The subject of medical education has occupied a large share of the attention of the American Medical Association since its first organization. It was indeed the urgent necessity of reform in the administration of its important interest to the profession which called forth from the Medical Society of the State of New York, a design for a National Medical Association, composed of delegates from the different medical societies and colleges, to meet in New York in May, 1846, and afterwards adjourned to meet in Philadelphia, in May, 1847, where it was resolved into the American Medical Association, which has since been in vigorous existence. Unfortunately there have been differences of opinion on the points of medical education, between those of our profession who occupy the position of professors and those who do not, and I may claim to be a mediator between them, as I have been with them, man and boy, for upwards of forty years', engaged in the study and practice of medicine, and for twenty-one years professor in a school, which at one time ranked third in the United States, in regard to the number of its pupils. Having laid aside the professorial garb two years ago, and become again one "among the herd," I am qualified to act as a "go-between."

The system of medical education adopted in the United States, is derived from our British forefathers, and recognizes the right of the great body of the medical profession to preside over the initiation of candidates for its honors and emoluments.

On the continent of Europe young men are transferred from the gymnasiums to the academies to receive their first lessons, as well as the finishing instruction in the profession of their choice. The different effect of this system from our own is calculated to do injustice to our institutions. The medical schools of this country have always, at least in theory, admitted that it is at once the high privilege and duty of all regular members of the great medical body to receive properly qualified and educated young men into their offices as students, to prescribe their studies, and to prepare them to profit in the largest manner, by

the advantages they can nowhere obtain so well as in a properly regulated medical school. The founders of our first medical school were those who first learned from private instruction before they went abroad to the schools.

Here the history of several distinguished medical men, who received their first medical education in the private office of a practitioner, was alluded to.

These men established on this side of the Atlantic, an institution, in which the American education by private tuition might receive its finishing touch and reward, without the risk of the dangers incident to travel in the old world.

Previous to the establishment of a medical school in Philadelphia, most of the students of medicine received their education in the shops of practitioners, where medical lore was imparted, and the practical part of the apothecary carried on; and after the school was started, a Philadelphia graduate was looked upon as something superior, and more reliable than the less favored multitude of physicians.

If, according to our American system, medical education has its beginning in private tuition, and completed in medical schools, it follows necessarily that it is the function of the schools to receive their students at the hands of private teachers engaged in the practice of their profession, and to require vouchers that they have gone through the proper course of necessary training.

To dispense with this preparatory course would be a violation of the contract between public and private individuals, and also be an egregious wrong to the students themselves, by an attempt to instil into their minds an instruction which, by previous culture, they are not prepared to receive.

The true distinctions between physicians are not between professors and laymen, but between public and private teachers of medicine. Were medical instruction among us entirely committed to the schools, as in most European countries, this distinction would not exist.

DR. MILLER went on to say, that enough precaution was not taken even in selecting professors; that many teachers were unfit for their position, and their examinations of students were a farce. The qualifications of professors ought to be insisted on as well as the qualifications of students.

He spoke of the practical essays of Dr. Drake on medical education, published in 1832, in which he complained of the necessity of a higher standard of medical excellence, and the

extraordinary increase in the number of medical colleges in the United States, and stated that one cause is a want of due care in the selection of professors, by which, at present, the standard of excellence is such as to bring into responsible position those of even less than mediocrity in medical lore and literature.

The necessity of reform in the selection of teachers and the examinations of candidates, was fully insisted on.

The Secretary, DR. BEMISS, of Ky., then read additional names of delegates whose credentials had been examined by the Committee on Credentials since the morning meeting.

The Nominating Committee here reported the following names as those of officers for the ensuing year. The gentlemen nominated were elected by acclamation:

President—ELI IVES, Conn.

Vice Presidents—WILSON JEWELL, Pa., A. B. PALMER, Mich., JOS. P. LOGAN, Ga., JOS. N. McDOWELL, Mo.

Treasurer—Casper Wistar, Pa.

The CHAIRMAN then appointed the following escorts to the officers elect:

For Escort to President—Jonathan Knight, Conn., Dixie Crosby, N. H.

For Escort to Vice Presidents—W. C. Snead, Ky., Wm. Brodie, Mich., Edward Warren, Md., R. C. Foster, Tenn., K. J. Bowditch, Mass., Lewis A. Sayre, N. Y., Jno. L. Atlee, Pa., Austin Flint, Jr., La.

A number of communications were then read, inviting the members of the association to visit the carriage factories of Messrs. J. & D. Cook & Son, and Messrs. Laurence, Bradley & Pardee, and also an invitation from Wm. H. Russel, M. D., to visit the evening drill and parade of the students in his Collegiate and Commercial Institute.

These were accepted, and hours set apart in which the members could visit the above places without interfering with attendance on the meetings of the Association.

Business was then suspended while the officers elect were conducted to their places by the Committees of Escort, and severally introduced to the Association by the Chairman, Dr. H. F. Askew, of Del.

DR. ELI IVES, President, in taking his seat, made a short address, in which he stated that, in giving thanks for the honor conferred upon him, he would be ungrateful not to publicly thank the profession for all he was and all he possessed. All his property and reputation had been derived from his profession, and

therefore deserved his thanks. His father had been a physician, and one of the founders of medical societies; he had two sons and one grandson, physicians. He had always loved and enjoyed his profession, and to all present he would repeat what Dr. Rush remarked to his class in 1801 and '2: "Gentlemen, if you don't like your profession, the sooner you leave it the better." He had been practicing medicine longer than any present, and that when he could no longer do so, he would himself be carried to the bed side.

DR. WILSON JEWELL, of Pa., stated that it is not customary for Vice Presidents to make addresses on their election, or to preside over the deliberations of the electing body. The first he would not attempt, but at the request of the President, (who is too aged and feeble to preside,) he would attempt the latter, and all he asked was allowance for any of his infirmities. He would endeavor to preside with strict impartiality.

DR. N. S. DAVIS, of Ill., introduced the following resolutions, to carry into effect the arrangement adopted at the last meeting of the Association, to facilitate the transaction of business in the consideration of scientific matters by the division into sections:

Resolved, That the general meetings of the Association, after this day, shall be restricted to the morning sessions, and the afternoon sessions commencing at 3 o'clock, shall be devoted to the hearing of papers and discussions in the several sections.

Resolved, That each section shall choose its own officers, and make its own rules of order.

Resolved, That all essays, voluntary communications and reports, except those from the officers of the Association, and the committees on medical education, medical literature, and the committee on prize essays, shall be first presented or referred to the appropriate section and receive its recommendation, before they can be referred to the committee on publication.

The first and second resolutions were adopted. The reading of the third resolution called forth considerable discussion, during which several amendments were proposed and withdrawn. Some members thought that everything appearing in the printed account of the Transactions, should undergo proper revision and alteration by a special committee; others were of opinion that the Association was not responsible, as an association, for

everything that emanated from them, and therefore addresses and papers should appear in the original language of their authors without alteration. Several gentlemen refused to submit their papers to any revision, and stated that if the Association did not choose to print them as they were, they would publish them themselves at their own expense. Over an hour was consumed in this discussion, when, on motion, the resolution was laid on the table to give the mover an opportunity of so altering it as to meet the views expressed by the different members.

On the recommendation of Drs. Timothy Child, and David S. Conant, Dr. Wm. B. Little, of San Francisco, Cal., was admitted a member by invitation, there being no representative from his section of the country, a member of the Association. The following gentlemen were appointed a Committee on Voluntary Communications:

E. D. Force, Ky., Thos. W. Blatchford, N. Y., N. D. Davis, Ill., ———, Rochester, N. Y., Dr. Renschberger, Pa.

The Treasurer, Caspar Wister, M. D., of Pa., then made his report:—

He reported that out of a list of 2,000 names, he had only some 200 annual subscribers to the volume of Transactions, and these were obtained only after the persisting solicitations of the Treasurer, addressed to each permanent member, announcing the publication of the last volume of the Transactions. Of the printed volumes of Transactions, there were still on hand, for sale at the following prices: years 1846 and 7, of the organization of the Association, 50 cents each.

Vols. 1, 2, 3, and 4, out of print.

Vols. 5, 7, 8, 9, collectively as a set, \$5 00, separately \$2 00 each.

Vols. 6, 10, 11, at \$2 00 a volume.

Vol. 12, at \$3 00.

Cash on hand, April 15, 1859, \$651 00

Received from delegates for last volume of Transactions, - - 2,430 00

On hand, - - - 597 61

The report was accepted, and referred to Committee on Publication.

On behalf of the Committee on Publication, Dr. Caspar Wister reported that the delay in the appearance of the last volume of the Transactions had been caused by the delay of the authors of several articles in returning corrected proofs of their articles, the proofs having in one instance been detained 9 weeks, and in another 14 weeks. The committee

hoped some action would be taken to prevent a similar occurrence in the future. The cost of printing the last volume of Transactions had been \$1,659 00.

There were remaining on hand, of the volumes containing the proceedings of the first meeting of the Association, 45 copies; vol. 5, 241 copies; vol. 6, 11 copies; vol. 7, 51 copies; vol. 8, 212 copies; vol. 9, 242 copies; vol. 10, 165 copies; vol. 11, 152 copies; vol. 12, 497 copies.

The report was received, and referred to the Committee on Publication.

No other committees being prepared to report, the Association, on motion, adjourned.

Second Day.

Wednesday, June 6, 1860.

The Association was called to order at the Chapel of Yale College, at 9 o'clock, A. M., by Vice-President Dr. Wilson Jewell, of Pa. The minutes of the previous day's proceedings were read and adopted. On motion of Dr. Gardner, of Mass., the rules of order were suspended, to allow V. P. Dr. Logan to offer a resolution. Dr. Logan then tendered his resignation as Vice-President, which was accepted.

The Committee on Education, through Dr. Reese, of N. Y., Chairman, made their report.

The report urged the adoption of a higher standard of qualifications than are now considered requisite. The present winter session was considered too short, and they thought the session should continue six or nine months, and there be fewer lectures on each day.

They urged the introduction of chairs on various subjects, now not taught in medical schools, such as hygiene, medical literature, &c.

The report considered sufficient attention was not paid to clinical (at the bedside) instruction, and that the required curriculum of study should be extended to various collateral branches, without a knowledge of which, no man could properly perform his duties as a physician; even though he possess diplomas from regular medical schools; and they urged upon the Association the importance of taking prompt and efficient action to increase the standard of the profession, as whatever reform was to be instituted, should emanate from this body, and the matter should be taken in hand immediately, instead of appointing successive

committees, thus incurring a year's delay, again and again.

The Committee desired to be considered as having no desire for any fastidious reform, but only desired such changes as would increase the general interests of the profession.

In conclusion, the Committee offered the following preamble and resolutions, which they desired to be considered as part of their report:—

PREAMBLE.—*Whereas*, It is the deliberate judgment of the American Medical Association, that the time has fairly come for the introduction of improvements into the present system of medical education, which shall elevate the existing standard of qualification for the Doctorate, and especially for securing and encouraging a higher degree of attainment in the science and of skill in the art of medicine than has been heretofore accessible to students in our country, and

Whereas, This body of American Physicians is regarded by our fraternity everywhere, as the acknowledged head and representative of the medical profession in the United States, and it is therefore looked to for prescribing the terms and qualifications of those who are henceforth to be admitted and recognized into our fellowship as brethren and equals in the profession; therefore,

Resolved, That it be hereafter regarded as an indispensable pre-requisite to enrolment as a student of medicine in the office of any regular physician, that the party shall be at least seventeen years of age, of good moral character and habits, and shall have received a good English, classical and mathematical education, and be able to read and translate the Latin language, and have an elementary knowledge of Greek, so far, at least, as to be able to trace the derivations from it to the English language.

Resolved, That this same requisite be made indispensable before matriculation in any regular medical college can be allowed, and that the faculty of such College, and the preceptor of such candidate for enrollment, be required to ascertain such qualification by actual examination, and to certify thereto.

Resolved, That the term of study in the office of a regular practitioner, including attendance upon lectures, be, and is hereby extended to four years, the last year to be mainly employed in receiving clinical instruction in medicine, surgery and midwifery.

Resolved, That three full courses of lectures in a regularly incorporated college, or other

body of lecturers recognized by the Association, be required of all candidates for the degree of Doctor of Medicine. Said candidate may be admitted to examination after three full years of study, on all the branches which they have been required to study, except clinical medicine, as above.

Resolved, That the period of instruction in every College be extended through the full term of nine months in each year, and that this time be divided into two sessions, the first to be chiefly occupied in instruction in the elementary branches only, and the latter to the practical and more complete branches. Those in attendance upon the former to constitute the junior class, and that upon the latter the senior. Not more than four lectures to be delivered on each day in either of the departments, and that each lecture be preceded by a recapitulation, in the form of question and answer of the lectures of the day before.

Resolved, That the number of professors in each college should be increased, so as to bear some proportion to the largely increased number of branches, a knowledge of which is necessary. This increase to be made in addition to those holding clinical chairs.

Resolved, That the examination of all the students for matriculation, which admits them into the junior class, shall be repeated before their entrance into the senior class, either by the Faculty, or by examiners appointed by them for the purpose, who shall certify in the one case to the fullness of their preliminary education, and in the other to their improvement, under courses of instruction in the junior or elementary department. Admission to the senior class should be contingent upon this latter examination. Similar examinations should be required at the commencement of each session, as to the improvement made in the preceding term.

Resolved, That the final examination for graduation, if made by the Faculty, should be in the presence of each other, and should be witnessed and certified by a board or committee of equal numbers, to be appointed for the purpose by each State Society, within whose bounds any college may be located, or by the Faculty, and without whose approval the degree should not be conferred. Due notice to be given by the faculty of the time and place for the examination, and each candidate to be separately examined.

Resolved, That no medical college be recognized by the American Medical Association.

tion to be complete in its organization, and prepared to furnish the requisite instruction, which does not either possess a hospital of its own, or which has not made arrangements with a hospital containing not less than 80 beds, for the students of the college receiving regular clinical instruction, before being licensed to practice.

Resolved, That the so-called "College Clinics," cannot, in any useful or practical sense, be looked on as furnishing an adequate substitute for the clinical teaching required.

Resolved, That this Association regard with marked disapproval a practice which prevails with some of the Faculties of the Schools, viz: Of examining those students who are candidates for a degree, before the expiration of the regular session, and while the lectures are still in progress.

Resolved, That the titles of the several chairs in a school, as announced in its curriculum, ought to indicate a real teaching of the branches thus virtually promised to be taught, and not be assumed merely in conformity with further usage, or to gratify the temporary whim of a professor, to have an appendage to the title of his chair, while in the very next year he may abandon, and consent to its being appended to some other chair, or to its being omitted entirely in the next annual announcement. We may instance this, attaching physiology to anatomy, the latter being the substantive branch, and of itself taking up the whole time of the professor during the entire session, which is still too short for its legitimate purposes. Still more common and misleading is the appendage of diseases of women and children to midwifery, and that of medical jurisprudence at one time to *anateria medica*, at another to midwifery, at a third to chemistry.

All of which is respectfully submitted.
(Signed) D. MEREDITH REESE, Ch'n, (N.Y.)
JOHN BELL, (Phila.)
W. K. BOWLING, (Tenn.)
Z. PELETIER, (Mich.)
CHAS. FISHBACK, (Indiana.)
Committee on Medical Education.

On motion of Dr. McDOWELL (Mo.) the Association went into Committee of the Whole to consider the above resolutions, and after some debate arose, reporting progress, and asked leave to sit again.

Report of Committee on Medical Literature was referred to the Committee on Publication without reading.

The Committee on Nominations reported that they recommended the next meeting of the Association to take place in Chicago, Ill., on the first Tuesday in June, 1861.

They nominated the following officers:

Secretaries—S. G. Hubbard, Conn., H. A. Johnson, Ill.

Committee of Arrangements.—N. S. Davis, Ill., G. W. Freer, Ill., De Laskie, Willon, Ill., E. Andrews, Ill., H. W. Jones, Ill., Thos. Bevans, Ill., J. Bloodgood, Ill.

On Prize Essays.—Dan'l Brainard, Ill., D. L. McGuigan, Iowa, M. L. Leaton, Mo., Jno. Evan, Ill., A. L. McArthur, Ill.

Committee on Publication.—F. G. Smith, Pa., Caspar Wister, Pa., S. C. Hubbard, Conn., R. J. Breckenridge, Ky., Edward Hartshorne, Pa., H. F. Askew, Del.

Vice President.—In the place of Dr. Logan, resigned, R. D. Arnold, Ga.

These officers were elected by acclamation.

Committee on Prize Essays reported they had received no essay, in their opinion, worthy of awarding a prize, which report was referred to the Committee on Publications.

The rules of order were suspended to bring up the third resolution of Dr. Davis, of Illinois, laid on the table yesterday.

The resolution was at length adopted under the following form:

Resolved, That all essays, voluntary communications and reports, except those of officers of the Association, reports of committees on medical education, medical literature and prize essays, shall be first presented to the Association and referred to the appropriate section, in which they shall be examined and discussed; after which they shall be returned to the secretary of the association, accompanied by an expression of opinion as to whether they are worthy of publication or not, and the secretary shall pass all such designated to be worthy directly to the Committee on Publication; and others not so designated shall be retained by the Secretary or returned to their authors, as the latter may indicate.

DR. LEWIS A. SAYRE, N. Y., was appointed a special Committee on Morbus Coxarius and Surgical Pathology of Articular Inflammation, read his report, which was confined to the first subject, giving an account of 72 cases, and the operations performed. Referred to the Surgical Section.

Surgical Treatment of Strictures of the Urethra—James Bryan, Penna., reported progress and asked for longer time; referred to its proper section.

Drainage and Sewerage of large cities, their Influence on Health—A. J. Semmes, Cornelius Boyle, G. M. Dove, D. C., reported progress and asked for longer time.

Puerperal Tetanus: its Statistics, Pathology and Treatment—D. L. McGuigan, Iowa; report the same as above.

Hospital Epidemics—R. K. Smith, Penna.; laid over.

Puerperal Fever—S. N. Green, Ind.; laid over.

Anæmia and Chlorosis—H. P. Ayers, Ind.; reported progress and asked to continue the committee to report next year.

Veratrum Viride—J. B. McCaw, Va.; laid over.

Alcohol: its Therapeutical Effects—J. W. Dunbar, Md; asked for a change in the title, making it read, "Alcohol in its relations to man;" granted. Report next year.

Meteorology—J. G. Westmoreland, Ga.; laid over.

Milk Sickness—Robt. Thompson, Ohio; partial report made; accepted and referred to section of Practical Medicine.

Manifestations of Disease of Nervous Centres—C. B. Chapman, Wisconsin; laid over.

Microscopic Observations on Cancer Cells—Geo. N. Norris, Alabama, chairman, asked to resign; committee discharged.

Philosophy of Practical Medicine—James Graham, Ohio; laid over.

On some of the Peculiarities of the North Pacific and their relations to Climate—William H. Doughty, Georgia; absent.

On the Microscope—John C. Dalton, Jr., N. Y., David Hutchinson, Ind., A. R. Stout, Cal., Calvin Ellis, Mass., Christopher Johnston, Md.; report next year.

Diseases and Mortality of Boarding Schools—C. P. Mattingly, Ky., Dixie Crosby, N. H.; reported progress; referred to its proper section.

On Various Surgical Operations for Relief of Defective Vision—M. A. Pallen, Mo., T. J. Cogley, Ind., W. Hunt, Penn.; laid over.

On the Blood Corpusele—W. Sager, Michigan; referred to proper section, with additional time.

American Medical Necrology—C. C. Cox, Md. Report was ordered to be read before the Convention, Thursday; amended to have Dr. Cox retained as chairman, and report next year.

Effects of the Virus of the Rattlesnake, when introduced in the System of Mammalia—

A. S. Payne, Va.; reported progress and was discharged.

Constitutional Origin of Local Diseases, and the Local Origin of Constitutional Diseases—W. H. McKee, N. C., C. F. Haywood, N. Y.; laid over.

Subcutaneous Injections as Remedials—L. Langer, Iowa; not allowed to report, not being an accepted delegate.

Quarantine—D. D. Clark, Pa., E. M. Snow, R. I., W. Jewell, Pa., E. D. Fenner, La., I. W. Houck, Md.; asked to be continued. Agreed to.

Medical Ethics—B. F. Schenck, Pa., chairman, resigned, and asked that Dr. Paul F. Eve, of Tennessee, be substituted; agreed to. Report next year.

Tracheotomy in Membranous Croup—A. N. Dougherty, N. J. Partial report; this was accepted, and referred to the Surgical Section. Further time allowed to make out the report.

Effect of Perineal Operations for Urinary Calculi upon Procreation in the Male—J. S. White, Tenn. Letter from Dr. White read; laid over.

Mercurial Fumigation in Syphilis—D. W. Yandell, Ky.; laid over.

Cause and Increase of Crime—W. C. Sneed, Ky.; asked to be continued. Agreed to.

Education of Imbecile and Idiotic Children—H. P. Ayres, Ind. Report offered; referred to its proper section.

Pons Varolii—Partial report. The Committee wished to be continued; agreed to. Referred to Section on Anatomy.

The Committee on Voluntary Communications reported that they had received several communications on different subjects, which were referred to their appropriate sections.

Several reports and abstracts of reports on special subjects were presented, and referred to their appropriate sections.

One o'clock, the hour of adjournment, having arrived, a motion to continue five minutes longer prevailed. A little general business was then transacted, and the Convention adjourned.

There was no general meeting of the Association on the afternoon of the 6th inst., as by a resolution passed in the morning, the different sections to which special papers were referred met to discuss the particular subjects allotted to their consideration, the members of the Association distributing themselves, and visiting that section in whose deliberations they felt most interest. These sections met in different rooms, as follows:

Section on Anatomy and Physiology, in President Woolsey's Lecture Room.

Section on Surgery, in the Geological Cabinet.

Section on General Medicine, in the Geological Cabinet.

Section on Chemistry and Materia Medica, in the Laboratory.

Section on Meteorology, Medical Topography, Epidemic Diseases, Medical Jurisprudence and Hygiene, in the Laboratory.

Third Day.

The Association was called to order at 9 A. M. by the President, Dr. ELI IVES; afterwards, Dr. Jewell, of Philadelphia, presided.

The minutes of the previous days' proceedings were read by the first secretary, Dr. S. G. HUBBARD, of New Haven.

A list of newly registered delegates was read, making the number over five hundred.

On motion of Dr. ARNOLD, of Georgia, it was resolved that no communication read before the Association should occupy more than ten minutes in its reading, and no speaker should occupy the floor longer than ten minutes.

On motion of Dr. SHATTUCK, of Massachusetts, the rules of order were suspended, in order to allow Dr. BOWDITCH, chairman of the Committee appointed to take into consideration the propriety of contributing in the erection of a suitable memorial to John Hunter, in Westminster Abbey, to present his report. On motion, it was resolved that the Committee on Nomination be requested to consider the report and resolutions attached to it, and report thereupon, presenting the names of one from each State represented, who shall be empowered to take such action in the matter as may be hereafter agreed upon by the Association.

The Committee of Conference appointed to confer with the Committee of medical teachers reported through their chairman that they had had several meetings in New York and New Haven during which the subject of medical education had been fully discussed. He stated that in the convention of Teachers the following resolutions were adopted:

"1st. *Resolved*, That the Medical Colleges represented in this Convention, are willing to adopt the rule, if it be recommended by the American Medical Association, that every candidate for degree of Doctor in Medicine must present certificates of having assiduously

studied medicine during the period of three full years under the direction of a regular practitioner of medicine, recognized as such by the American Medical Association, who shall certify to the same under his own hand, and of attendance on two full courses of medical lectures in a medical school, recognized as regularly organized by the American Medical Association, with an interval of at least three months between the termination of the first course and the commencement of the last

2d. *Resolved*, That the medical colleges represented in this Convention, are willing to keep a register of their students, in which shall be entered the name, the age, the period of commencing medical studies, and diploma already received, with the name of the college conferring it, and the name of the preceptor.

3d. *Resolved*, That the medical colleges represented in this Convention, allowing that the proposed plan of admitting delegates from State Societies to attend the examination of the candidates for the degree of Doctor in medicine to have been successfully carried out in several places do not think that it can with advantage be universally adopted; but at the same time they are ready to ascertain and discuss any other measure by which the admission of unsuitable and unworthy members within the ranks of the profession can be prevented.

4th. *Resolved*, That this Convention earnestly recommend the American Medical Association to adopt such measures as will secure the efficient practical enforcement of the standard of preliminary education adopted at its first organization in May 1847, or of a standard put forth by the medical society of the State in which a college is located, and, that medical colleges will thankfully receive and record the certificates alluded to in said standard, and one of moral character, whenever the profession generally, and the preceptors will see that students are properly supplied with them.

5th. *Resolved*, That Hospital Clinical instruction constitutes a necessary part of medical education, and that every candidate for the degree of Doctor in medicine, shall be required to have attended such instruction regularly for a period of not less than four months.

6th. *Resolved*, That the members of this Convention are ready to co operate in any efforts by which the attention of the community and of legislatures shall be called to the importance of the endowment of medical colleges and professorships.

7th. *Resolved*, That the attention of the American Medical Association be called to the proofs, in a letter from a German Medical Professor, of the degree of Doctor in medicine being conferred in Germany on unsuitable persons to be used in this country."

[At the meeting of the Convention of Medical Teachers, during the discussion on the above resolutions, Prof. LOGAN, of Georgia, offered the following as a substitute :

WHEREAS, it is apparent that the medical colleges of the United States are not disposed to adopt the measures indicated by the American Medical Association, for the establishment of a higher system of medical education, as manifested by the failure upon the part of a large portion (and among the number some of the most prominent) to be represented at the Convention of Colleges, held last year in Louisville, and by a renewal of the same course of action towards the adjourned meeting of said convention, and as no action on the part of the colleges represented would be likely to effect any change in the present system of medical education, and any attempt on the part of this limited representation to imitate any reform might be regarded as an offensive assumption of power; therefore,

Resolved, That this body declines to act for the medical colleges of the United States.

Resolved, That in the medical colleges alone resides the power of effecting any desirable change in the present system of medical education, and it is only from their united action that any good result can be expected.

Resolved, That a committee of ——— be appointed to report the action of this body to the American Medical Association.

The substitute was discussed by Profs. LOGAN, SHATTUCK, CROSBY, MCGUGIN, McDOWELL, STORER, and PALMER, and was finally rejected.]

The chairman then read the following communication, addressed to the Convention of Teachers, by Prof. HENRY N. Frost, of the Medical College of South Carolina, in regard to medical education in the South :

"I should wish to be heard while I make a few remarks on the progress of education at the South, and the advances we have made in fulfilling the requirements of the Association. The report in my hand of the Dean of the Medical College of the State of South Carolina, of the graduates of that college and their requirements, presents a total of 114 graduates—all of whom had a preparatory education, such as the Association requires. Nearly all, with

the exception of six, have had good literary opportunities: some graduates of colleges—others of academies of high repute—others instructed in the classics. Even those whose studies were confined to English, have had their minds strengthened by the study of mathematics.

"In making this statement, I would not be understood to say, that they were well versed in the classics; but they have enjoyed the opportunity, and profited in a greater or less degree by it. Neither would I be understood to say, that our graduates are all doctors. The diploma conferred, is only an evidence that they have undergone a course of study; that they have been instructed in the principles of the profession, and made acquainted with the means by which they are to arrange and systematize the various occurrences presented to them; in short, that the foundation has only been laid by which they are to pursue advantageously their researches, and act for themselves. To be able doctors and successful practitioners, requires years of study and observation, and there are many who, after all this application, have never been made doctors.

The community in which a young graduate resides, soon becomes aware of this fact; it is only after a long apprenticeship, and years of toil and devotion to his business, that he acquires practice and confidence. Confidence is proverbially a plant of slow growth, and it is only after the individual has proved himself worthy that it is freely bestowed. Still, however, every doctor has been a student, and as such has to endure taunts and imputations as to his qualifications. I well remember when a student in medicine, forty-seven years since, fashionable ladies commented upon the homely appearance and neglected dress of the students of Philadelphia, and tauntingly remarked that there was little to be observed in the streets but dogs and Virginia doctors! Yet from these classes, of whom these remarks were made, there came forth a Wood, Mitchell, Meigs, McClelland, Hodge, Bartons, Derach, and, not to forget my own section, Dickson, Holbrook, Ramsay, and many others. Yet these young men were as ungainly as many at the present day; but they contained the gem, as many at the present day, which required only to be polished. Education has been progressive to my observation; our graduates show their desire to excel by seeking opportunities abroad for greater acquirements. In my day, or reading was desultory and

without system. My preceptor pointed to his library, and told me to select my reading. My anatomical studies were pursued with a scalpel and the Dublin dissector. Our clinical instruction was nothing virtually. Mark the difference at the present time: your winter and summer courses; your crowded hospitals; your private instructions, and your model plates, &c. All these speak trumpet-tongued, that the work of improvement is onward."

In conclusion, the committee offered the following resolutions for adoption by the Association:

Resolved, That it is the duty of medical colleges to require of every candidate for the degree of Doctor of Medicine, certificates of study during the full period of three years, under the direction of a regular practitioner of medicine, recognized by the American Medical Association, who shall certify, under his own hand, as to an attendance on two full courses of lectures, with an interval of at least three months between the termination of the first and the commencement of the second course.

Resolved, That every medical college shall keep a volume, in which every medical student presenting himself, shall enter his name, his age, the period of his commencing the study of medicine, any diploma he may have received in evidence of previous education, with the name of the college or school from which he received such diploma; and the name of the preceptor with whom he has been studying.

Resolved, That hospital clinical instruction constitutes a necessary part of medical education, and every candidate should be required to have attended such instruction regularly for a period of not less than four months.

Resolved, That the professors of every medical college should recommend to their trustees, or board of managers, the adoption of a rule authorizing them to allow the attendance of two or three delegates, from the State Medical Society, at all examinations of candidates for the degree of the doctorate, and accord to these delegates a vote on the question of recommending such candidates for a degree.

Resolved, That every State Society be recommended to choose proper delegates at its annual meeting, to attend the examination of candidates for the degree of M. D., at all the medical colleges within their respective States.

Resolved, That this Association will not recognize as a regular organization, any col-

lege which does not require evidence of suitable preliminary education from all applicants for collegiate medical instruction.

Resolved, That we commend the use of all proper efforts, by which the attention of persons of means and liberal disposition, as well as legislative bodies, shall be directed to the propriety of endowing such medical colleges, and professorships thereof, as shall be recognized by the Association.

Resolved, That this Association recognize as a regularly organized medical college, one which has been represented at any meeting of this Association, and which complies with the preceding rules and directions.

Resolved, That this Association recognize as regular practitioners of medicine, all who have been members of this Association, and have not forfeited their rights and privileges, and all members of State and County Societies, in full standing.

The report was received, and taken up by sections. When the first resolution came up, a motion was made to amend, by striking out that part requiring an interval of three months to elapse between the termination of the first course and the commencement of the second; the objection being that the resolution, if adopted as offered, would do an injustice to summer schools, whose sessions would have to begin three months after the closure of the winter sessions, in order to graduate students, thus throwing the session into July, August and September, and crowding upon the next winter session; and that such a course would drive students altogether from the summer schools.

DR. McDOWELL, of Missouri, spoke in strong terms against the amendment. He despised the plan of some professors, who teaching at a winter school in the South, immediately the winter session closes; bring their half fledged brood to a Northern summer school, and there delivering a second course of lectures, foist their hastily hatched students upon the medical profession. He was entirely opposed to the practice of pushing and forcing, which was becoming so rampant.

The discussion was further participated in by Drs. Shattuck, of Boston, Austin Flint, N. Y., Brodie, of Mich., Palmer, of Mich., Morse, of Me., Atlee, of Pa., and others.

DR. JNO. L. ATLEE, of Philadelphia, would rather increase the interval to six months. Nor did he want, as others had suggested, to leave the matter to the discretion of the professors

in the different schools. His experience proved that a man never becomes a thorough and proper student of medicine until *after he has attended his first course of lectures*, for he then learns what is required, and how he should direct his studies so as to profit by them; and as he studies in the interval between the collegiate courses, the demonstrations of the previous winter reappear to him as he reads his text books, giving an interest to the study he could have sought for in vain before he had attended a course of lectures. He would rather have the course of instruction lengthened to 8 or 9 months, and have a less number of daily lectures. He wanted no student to have credit for attendance on more than one full course in one year, no matter how many regular courses he may have attended, and he moved to amend the amendment by striking out "an interval of 3 months, &c.," and inserting, "and no student shall be credited for having attended more than one full course of lectures in any one year."

DR. PALMER, of Mich., said that many of the students he had met with voluntarily placed an interval of more than one year between their two courses of lectures. That they only became students in truth after attending one course of lectures, and they would be seen at college one winter and be missed the next, reappearing the third winter, when they would come forward and bear off the honors of the school.

DR. MORSE, of Me., thought the appetite for legislation was too great. He wanted no restrictions to the aspirant for medical honors. He objected to the amendment as unjust to poor students, who would be forced to lose one year waiting for a degree that might have been employed in some pecuniarily profitable manner, if they were allowed, as they often do, to study two years before attending lectures, often while working at the same time for support, and then having saved the sum necessary to pay for their tickets attending two courses of instruction, one following directly upon the other, thus complying with the requisites of three years study and attendance on two full courses of lectures, even though they attend two full courses in one year.

A motion of DR. BENNETT, of Dansbury, Conn., to lay the whole matter on the table, was lost.

DR. JOHNSON, of Mo., did not want the courses to follow too closely on each other. Apart from other considerations, such a course would crowd the student too much, and over-

tax his powers of physical and mental endurance. Students required time for relaxation, whether they wanted it or not, and therefore he was in favor of a considerable interval between the courses, and only one course in a year.

DR. WORTHINGTON HOOKER, of New Haven, Conn., thought there was not too much actual instruction being crowded together that was to be avoided, but rather too much lecturing, which brings different subjects in too close connection before the minds of the students, and taxes their energies too much, and therefore he did not want the courses crowded on each other; nor did he want the lectures to be as crowded as they usually are. He stated that in the medical department of Yale College it was customary to make a distinction in the ability for receiving instruction, between medical students who had received the advantages of a previous classical education, and those who had not enjoyed this privilege; and that they considered classical students full one year in advance of the others, and that they made this distinction in their favor regarding the length of time required to be devoted to the special study of medicine. They only required two years application from classical students, while they exacted three years' study from all others. He firmly believed that a difference of one year should be made, but he would prefer the course of application to be extended one year longer in each case, thus making it three and four years' study instead of two and three, as it now is.

DR. ATLEE was here allowed to alter his amendment so it should read, "and no student shall attend a second course of lectures until a year shall have elapsed since the commencement of the first course."

DR. DAVIS, of Illinois, thought that the design of the resolution had been generally misunderstood by the members of the Association. He considered that the great fault in medical education, which they were trying to discover and rectify, consisted in the laxity exhibited in exacting from each student of medicine a suitable amount of preliminary education. He wanted a previous education, and he knew that if energetic young men love the profession of medicine and desire to become enrolled among its votaries, they would take care to obtain the necessary education if they did not possess it; and those who did not think the profession worthy of this trouble, were much better out of it; and if the preliminary education was exacted, we should have an intelligent and educated body of physicians, and

not be obliged to accept among us those of whose general literary attainments we are ashamed.

He also disliked the plan of delivering the same course of lectures to students of the first and second course. Those who had studied medicine but six months' could by no manner of means comprehend what was intended for students of three years standing; and it was folly to demand it of them. He wished the colleges to be so re-organized, that there should be a gradation of instruction according to the advance made by the several classes of students.

Dr. REESE, of N. Y., remarked, that as the winter schools closed in March, and the summer schools could not, by the resolution, begin in June, this would force students to employ in study the months of July and August, which is the general period of relaxation from labor—and thus virtually, in a great measure, prevent graduation at the summer schools.

After some more discussion, the amendment of Dr. Atlee was adopted, when a motion was made by the opponents of the amendment, to lay the resolution on the table. This motion was lost, and finally, the resolution, as amended, was adopted.

Second resolution, adopted.

Third resolution, adopted.

The fourth resolution was amended by Dr. McCaw, requiring "that in those States where there are regular State Medical Societies, the delegates elected to be present at the examinations of candidates for the degree of M. D., in all the medical schools of the State, should be selected from the members of the State society; in those States where there are no societies, the selection is to be made from members of the profession in good standing."

Dr. JNO. L. ATLEE, wanted no representation of examiners from any except State Medical Societies, which would force those States where they did not exist, to organize State Medical Societies, and therefore he opposed the amendment, though he favored the original resolution.

Dr. STOREY, of Mass., wished no restrictions to be placed on medical schools.

Dr. MUSSEY, of La., wanted to have a resolution passed, providing for the examination of teachers before they were elected to professorships, and to pass no men but those who were known to be favorable to the ideas of the Association, regarding medical instruction.

Here a tumultuous clamor arose, during

which the amendment was withdrawn, and the previous question called for and sustained; when the resolution was, upon call, again read, and finally adopted as originally reported.

The fifth resolution gave rise to a good deal of discussion as to the propriety and the right of placing medical schools under the censorship of the State Medical Societies.

Dr. TIMOTHY CHILDS, of Berkshire, Mass., stated, that forty years ago he called for a board of examiners to be present at all examinations for a degree, and that he had never ceased to urge the propriety of so doing. He had never passed a student without such a supervision.

He stated that he was the first man to introduce into medical colleges a Professorship on Pathology, and he was always in favor of enhancing the dignity and worth of his profession, and as long as he was able to raise his voice, he would oppose to the utmost all those who attempt to lower the standard of medical excellence, regardless of the motives that prompt them to do so.

Dr. WORTHINGTON HOOKER, of New Haven, Ct., explained that Yale College, further back than forty years ago, had, of its own accord, adopted the plan contained in the resolution under consideration, and during his connection with the college, there had not been one whisper of disapprobation regarding it. There was harmony between the State Medical Society and the institution, which feels the genial effects of that harmony, which gives it its strength and position.

He thought that all medical colleges should be closely watched by the State Medical Societies of their respective States.

The resolution was adopted.

Sixth resolution adopted.

Seventh resolution adopted.

Eighth resolution adopted.

The ninth resolution was, after some little discussion, on motion, laid upon the table.

The whole report was then adopted and referred to the Committee on Publication, for publication in the forthcoming volume of Transactions.

The committee on nomination then reported the following appointments on Standing and Special Committees, which was received and adopted, and the nominations accepted.

Committee on Medical Literature.—Frank H. Hamilton, N. Y. Edward Warren, Md. Chas. A. Lee, N. Y., J. W. C. Ely, R. I., E. H. Clark, Mass.

Committee on Medical Education.—Sevin T. Jaynes, Va., Christopher C. Cox, Md., J.

C. Bradbury, Me., L. H. Steiner, Md., M. A. Patten, Mo.

On the Surgical Treatment of Strictures of the Urethra—Jas. Bryan, Pa.

On Drainage and Sewerage of Large Cities—their influence on public health—A. J. Semmes, La., C. Boyle and C. M. Dove, D. C.

On Puerperal Tetanus—its statistics, pathology and treatment—D. L. McGugin, Iowa.

On Anaemia and Chlorosis—A. P. Ayres, Ind.

On Alcohol and its Relations to Man—J. W. Dunbar, Mn.

On Milk Sickness—Robt. Thompson, Oramel Martin, Ohio, S. W. Bemis.

On Microscopic Observations on Cancer Cells—Geo. W. Norris, Pa.

On Blood Corpuseles—A. Sager, Mich.

On the Hygienic Relations of Air—C. C. Cox, Md., Chas. W. Parsons, R. I.

On Quarantine—D. D. Clark, Pa., M. Snow, R. I., Wilson Jewell, Pa., E. D. Fenner, La., J. W. Houck, Md.

On Medical Ethics—Paul F. Eve, Tenn., J. A. Morphy, Ohio, N. L. Linton, Mo., R. S. Powell, Ga., B. F. Schenck, Pa.

On Tracheotomy in Membranous Croup—A. N. Dougherty, N. J., Geo. H. Gay, Mass., J. M. Minor, N. Y.

On the Effect of Perineal Operations for Urinary Caculi upon Procreation in the Male—J. S. White, Tenn., J. B. McCaw, Va., R. C. Foster, Tenn.

On Mercurial Fumigations in Syphilis—D. W. Yandell, Ky.

On the Cause and Increase of Crime, and its mode of Punishment—W. C. Sneed, Ky.

On the Microscope—R. C. Stiles, Vt.

On Gangrene of the Lungs—C. L. Allen, Vt.

On the Relations which Electricity sustains to the Courses of Disease—Isaac Capelbury, Ind.

On the Morbid and Therapeutic Effect of Verbal and Moral Influences—Alfred Hitchcock, Mass.

On the Causes of the Extinction of Aboriginal Races, more especially of the Red Men of America—Geo. Suckley, N. Y.

To report on the practical workings of the United States law relating to the inspection of drugs and medicines—E. R. Squibb, New York, and F. Bowditch, Mass., Prof. Jos. Carson, Philadelphia.

On the Causes and Treatment of Ununited Fractures—E. K. Sanborn, and

On Diphtheria—Alonzo Clark, New York.

On the effect of stimulants in the treatment of fractures—John W. Russel, Ohio.

On Dislocation of the hip and shoulder joints—Moses Gunn, Michigan.

To Investigate the conditions demanded for a diploma of Doctor of Medicine in the various Medical Schools and Universities of Europe—J. Baxter Upham, Mass.; Robert Thompson, Ohio; George C. Shattuck, Mass.

In regard to the committee on the memorial to JOHN HUNTER, the following resolutions were adopted:—

Resolved, That it be recommended to the different States to collect subscriptions of not more than one dollar each, from every regularly educated physician. All money so collected to be forwarded by the Chairman of the Committee hereby appointed, to the Treasurer of the HUNTER Medical Fund in London.

Resolved, That Drs. Henry J. Bowditch, Mass.; Amos Mourse, Maine, George B. Twitchell, N. H.; Charles Clark, Vt., G. L. Collins, R. I.; Charles Hooker, Conn.; Henry D. Bulkley, N. Y.; Wm. Elmer, N. J.; Jan. L. Atlee, Penna.; James Cowper, Del.; C. C. Cox, Md.; J. B. McCaw, Va.; Cornelius Boyle, D. C.; James H. Dickson, N. C.; H. K. Frost, S. C.; R. D. Arnold, Ga.; John Nott, Ala.; G. A. Nott, La.; W. G. Williams, Mass.; C. A. Page, Mo.; J. B. Landsley, Tenn.; R. J. Breckenridge, Ky.; J. W. Russell, Ohio; A. B. Palmer, Michigan; Calvin West, Ind.; Patrick Gregg, Ill.; D. L. McGugin, Iowa; J. B. Douseman, Wis.; D. W. Hand, Minn.; O. Harvey, Cal.; F. G. McSparack, Ark., be a committee to collect subscriptions.

A resolution was adopted to send a copy of the resolutions passed; to each Medical School in the country.

A resolution was adopted, directing that a seal of the Association be given to every Medical School in good standing, reserving the privilege of demanding the same upon sufficient evidence that the School had no longer claims to its possession.

It was moved, that in order to expedite business without a session next day, the sections meet at 2½ P. M., and at 4 P. M. the Association again convene to close business and receive their reports.

Closing Session.

The Association was called to order at 4 P. M., by V. P. WILSON JEWELL, in the chair.

Various special committees were called upon to report, and failing to do so were discharged.

—other reports which had been placed on the Secretary's table were, without reading, on motion, referred to the Committee on Publication, with power to act.

The various sections were called upon for their reports, and the various papers respectively discussed by them were referred to the Committee on Publication.

The report of the Committee on Rules of Order, lying on the table, was then called for and read, and the order of business acted upon, and the articles severally adopted, and afterwards the whole report was laid on the table.

A communication was read from the Essex Co. Medical Society, of the State of New Jersey, containing the following preamble and resolutions, for action upon by the Association:

Whereas—the indiscriminate sale of poisonous drugs at retail, is fraught with danger to the community; be it

Resolved, That in the opinion of this Association, it is the duty of the public authorities in the different States of the Union, to pass prohibitory laws against the retailing of morphia, strychnine, prussic acid, etc., except on the written prescription of a regular practitioner of medicine, or on the personal application of a well-known citizen—and that a committee be appointed in the different States, to endeavor to carry into effect the spirit of the resolutions. The paper was received and the resolutions adopted.

The report was referred to the Committee on Publication, with power to act.

On motion of Dr. DAVIS, of Ill., it was decided that the committee called for, be appointed at his leisure by the President of the Association.

On motion, Dr. COX, of Md., was requested to present at the next meeting of the Association a paper on Necrology.

Dr. A. N. DOUGHERTY, from the Committee on Tracheotomy, reported that from the mass of facts they had gathered with regard to the result of this operation, the proportion of successful operations, was 1 in 3 $\frac{4}{10}$. The statistics of cases in this country, as far as ascertained, was 17 cures out of 58 cases.

Trousseau before 1844 had 212 cases, of which there were 40 cures and 132 deaths—after 1848, he had in 49 cases 48 deaths. From 1849 to 1858, he had at the Children's Hospital, at Paris, 466 cases—which resulted in 126 cures and 340 deaths. Another operator met with but 4 cures in 36 cases. Statis-

tics of other operators were presented, and at the request of Dr. Dougherty, the report was referred back to the committee, with power to complete the report, and present the same at the next meeting of the Association.

Dr. BELL, of Brooklyn, offered the following resolution:

Whereas, Some of the papers submitted to this Association, require a longer period of time for their examination than the annual meetings will admit of: therefore, be it

Resolved, That the several sections have power to refer such papers to experts, who shall determine whether they are worthy of being referred to the Committee of Publication, for publication in the Transactions.

On motion, this was laid over to the next meeting of the Association.

A motion of Dr. CHAPIN, that all papers which had not been disposed of by the sections, should be referred by the Committee on Publication to experts, who should report back to them, whether the papers were worthy of publication in the transactions, was laid on the table.

Various rules of order and amendments to the Constitution, which had laid over from previous meetings, were again indefinitely postponed.

A communication from the Clinton County Medical Society of Iowa, to which was appended a Catalogue of the College, was read.

This communication charged the Western Reserve College with having exceeded its rights and privileges, in conferring the degree of the doctorate upon one Freeman Thompson, who had not come up to the requirements of their curriculum, who had not been examined by the professors in the presence of censors, and who had not been in attendance on lectures since the session of 1848-9 a single day. It stated, that at one time the Western Reserve College acknowledged the truth of the above charge, and at another time denied it.

They called the attention of the Association to this case, and desired that the Western Reserve College be refused representation in the Association. Various papers were appended to the communication, substantiating the truth of the facts mentioned.

A motion was made to refer the whole subject to a select committee of three, to be appointed hereafter by the Chairman, who should report on the same at the next annual meeting of the Association.

Dr. DAVIS, of Illinois, reminding the mover of the existence of a permanent Com-

mittee on Medical Ethics, created for just such purposes, the motion was altered to refer the matter to the Committee on Medical Ethics, with instructions to report at the next annual meeting, and carried.

A communication was read from the Legislature of Connecticut, stating that the Judiciary Committee had under consideration their memorial on Criminal Abortion, and asking, in order to further the matter, that a committee be appointed by the Association, to frame a bill meeting the exigencies of the case, to be presented for due consideration of the Legislature.

It was moved and carried, that the chair appoint a proper committee, to draw up such a bill as would meet the views of the Association, and present the same to the Legislature of the State.

A motion was made to alter the time of meeting from June to May, so that if the Association desire to meet in 1862, in New Orleans, they could do so before the time, when yellow fever occurs. This being an amendment to the constitution, was laid over for one year.

On motion of Dr. S. W. BUTLER, of Philadelphia, it was resolved, that this Association request the Convention of Medical Teachers to be perpetuated in connection with the American Medical Association, and meet in conference the day previous to the annual meetings of the Association, and report to the same.

On motion, the same committee appointed last year was continued, any vacancies occurring to be filled by the President.

On motion of Dr. J. L. ATLEE, of Philadelphia, the chairman of the Committee on the Memorial to John Hunter, was empowered to fill any vacancy which may occur in that committee.

A motion by Dr. MASON, of New York, that a committee of five be appointed to prepare rules of order for the Association, and to report them at the next annual meeting, was laid on the table.

A communication from Elmira, N. Y., was read, advising the offer of a prize for the best essay on the application of mechanical contrivances in the practice of surgery, having reference to the cure or alleviation of hernia, stricture of the urethra, stone in the bladder, fractures, dislocations, &c., was referred to the Surgical Section of next year.

A vote of thanks was passed to the retiring officers, for the efficient manner in which they had performed their duties.

A resolution was passed to the effect that the thanks of the Association are due to the Faculty of Yale College, the medical profession, and citizens of New Haven, for the elegant hospitality tendered to the Association; and to the proprietors of the different manufactories, for the generous manner in which they welcomed the delegation to inspect whatever of interest their factories embraced; and to the railroad and steamboat companies, who have reduced their fare on the respective routes, in favor of the delegates to this Association.

Various amendments to the constitution, laid over from last year, were called up and indefinitely postponed.

Dr. LEWIS A. SAYRE, of New York, offered a resolution, that the Smithsonian Institute be asked to collect all the medical literature that has appeared in this country, and is scattered in various journals and periodicals, and collect it in a general library for the purposes of the profession.

On motion of Dr. DAVIS, of Ill., the Association went into a committee of the whole to consider the report of the Committee on Medical Education, Dr. Askew, Del., in the chair. An animated discussion ensued as to the extent of preparatory qualification, which ought to be exacted from young men designing to commence the study of medicine, but no conclusion being arrived at, the Committee rose, and reported that they had considered the above report, but had no suggestions to make to the Association, and recommended the resolutions to the Committee on Publication.

Dr. HAMILTON, of Brooklyn, N. Y., moved the adoption of a resolution to devise a plan for the organization of a College, or Board of Examiners, to be called the College of Physicians and Surgeons of the American Medical Association, in order to arrest all legislation which has reference to medical schools, and to determine what shall be the prerequisites to a degree of doctor in medicine. Said College to consist of one member from each State, and to meet annually, immediately before the annual meetings of the Association.

Dr. S. W. BUTLER, of Philadelphia, stated that the whole plan in detail, only under a different name, had been brought before the Association at a previous meeting.

Dr. COX, of Maryland, was exceedingly surprised at the idea of such a suggestion, and spoke against it in bitter terms, though at the same time he urged the necessity of a

proper preliminary education for medical students.

Dr. THOMPSON, of Ohio, said that the asserted prerequisites for a degree in reference to preliminary education, established twenty years ago, were always disregarded in his State.

After some general discussion on this subject, the Association, on motion, adjourned *sine die*.

The Medical Society of the State of Pennsylvania convened on Wednesday, Thursday, and Friday last, Dr. D. F. Condie presiding. We are so much crowded this week with the report of the American Medical Association, that we must delay the report of this meeting till next week.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JUNE 16, 1860.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION AT NEW HAVEN.

A full report of the proceedings of the Thirteenth Annual Meeting of the American Medical Association will be found in this number. The occasion called together a very large delegation, representing almost every State in the Union. Nearly five hundred delegates registered their names. In point of numbers, therefore, the meeting was a decided success. In influence, also, this meeting would compare favorably with any former meeting of the Association, for it was evidently composed, in large part, of men who were past the meridian of life, and who would be likely to stand high in their respective communities. No one who saw this meeting would have the hardihood to assert that the Association was a field chiefly used "by young men to display their oratorical powers in." Indeed, the large number of men who had been from fifteen to forty years in practice, who were present, and who took part in the debates, was a noticeable feature of this meeting. We heard it remarked by citizens of New Haven, that so august an assemblage had never before met in New Haven.

The profession of Philadelphia was not as well represented as it should have been, (neither

of the colleges had a representative,) though Dr. Gobrecht was present as a delegate, we believe, from the County Society. We trust that Philadelphia, having heretofore shown so much interest in the Association, will not now draw back her hand.

In respect to the fulfilment of its high mission—the advancement of the profession of the country—the influence of this meeting was, in our opinion, excelled by but one other, viz. that in which the Association was first organized. The division of the Association into sections, though this was the first time the plan has been put into practical operation, showed to very great advantage. The sections on Surgery, Practice of Medicine, and Obstetrics, and Meteorology, and Epidemics, transacted a good deal of very important business. We understand that an unusually large number of papers were presented, most of which will be published in the next volume of the Transactions. The Surgical Section attracted the most attention. At its sittings, as also at the general meetings of the Association, the attendance was very large, both of delegates and of spectators, including many ladies.

The committees of the Association and of the Medical Schools, consisting of five from each body, which were to confer on the subject of medical education, each presented elaborate reports, which met with very general favor. Dr. Blatchford, of Troy, chairman of the Committee of the Association, to which were referred also the "New Jersey resolutions," embodied some of the ideas contained in those resolutions. In this connection, we would refer to the fact that near the close of the meeting Dr. Frank H. Hamilton, formerly of Buffalo, N. Y., now of Brooklyn, proposed a committee of inquiry into the propriety of establishing "a College of Physicians and Surgeons of the American Medical Association," whose members should become such by examination. This, our readers will perceive, is but a reproduction, in another shape, of the ideas contained in the "New Jersey resolutions," which were originated some three years since by the senior editor of this journal, and have been before the Association now for two years.

The ideas are growing in favor, and we rejoice at the prospect of their ultimate adoption in some shape. The discussions on medical education attracted much attention outside of the Association.

We cannot conclude this brief notice without speaking of the admirable manner in which Dr. Jewell, the first Vice-President, guided the deliberations of the Association. Much valuable time was saved by his promptitude and knowledge of parliamentary proceedings.

The citizens of New Haven deserve mention for their hospitality and attention to the comfort of their guests. The entertainments provided were sumptuous, and the whole arrangements, both for the meetings and for the entertainment of the Association, were very complete. We may take occasion to refer to these entertainments next week.

OUR POSITION.

We have been taken to account severely by the American Medical Gazette for remarks made in reference to some "groundless apprehensions," regarding the American Medical Association and the politico-medical occurrences in some of the medical schools during the last winter. Events have shown that the views advanced by the REPORTER, were those of the profession generally; and the unanimity with which this matter has been *let alone* in the American Medical Association, proves that we were correct in what we said. Indeed, we can hardly conceive how the subject could legitimately have been brought before that body; while at the same time we can easily imagine, how, once introduced, it would in all probability have given rise to much difficulty, and might have endangered greatly the usefulness of the Association.

In congratulating the profession of our country, on what has been done, or rather on what has been left undone in this matter, we can easily afford to bury in the tomb of charitable oblivion the onslaught made on us by the aforesaid journal, for giving utterance to what we considered, what we knew to be, the almost unanimous sentiment of the profession. The vox populi in political and social affairs

may not always be the vox Dei; in medical ethics and polity however, we believe that the sentiment of the professional masses seldom errs, and that it needs but to be awakened to find its own proper and natural channel. We live no longer, in the day of the one-man-power. The democratic element pervades medical science and literature, as it does science and literature generally. Professional opinion and sentiment, like public opinion and sentiment, is in our day not made by this man or that man, this set, or another set of men. They grow! Our duty as journalists in this respect is chiefly to watch and to study the phenomena, the progress and the final tendency of the medical ethics and polity of our day, and to record them. But while doing so it must and shall ever be our task to oppose whatever tendency we may espy dangerous to the real progress of medicine, and to favor and boldly set forth whatever we believe to be in the interest of the scientific and ethical elevation of the healing art, of which it has been beautifully and truly said that it is "clinical christianity."

From this position, while endeavoring to represent the interests of the profession, we cannot be driven by any one-man power, however severe its attacks unscrupulous its means, and selfish its motives.

News and Miscellany.

The Medical Men of the Japanese Embassy at an Operation of Lithotomy.—On the day after the arrival of the Embassy a favorable opportunity occurred for giving the Japanese doctors the advantage of seeing one of the most important surgical operations under the hand of one of the greatest American Surgeons. The medical officials of the party have evinced much interest in acquiring a knowledge of the enlightened state of medical science, and Dr. Gross being, in his private practice, about to operate for stone in the bladder, on Sunday morning last, it was suggested that they would appreciate the opportunity of being present.

The operation of lithotomy is one in the performance of which this eminent surgeon has peculiarly a reputation for skill in its execution and the success of its results, and

the present incident seemed remarkably appropriate for displaying to the visitors operative surgery at its highest development.

An invitation was respectfully tendered to the Japanese physicians by Professor Gross, and was conveyed to them by Drs. S. W. Gross and Morris J. Asch. It was accepted with avidity by the physicians, and some distinguished personages of the Embassy also requested an opportunity of being present. The party, including the physicians Drs. Mrayama and Kowasaki, Nanousa Geasiro, the Governor of Jeddo, and the executive officer of the Embassy, left the Continental Hotel in carriages accompanied by Dr. McDonald of the Naval Commission, Drs. S. W. Gross, M. J. Asch, and Dr. W. T. G. Morton, of Boston.

On arriving at Dr. Gross' residence the visitors were presented to the family of Dr. Gross, and to a number of prominent medical men of the profession in this city, and to some distinguished strangers, among them Dr. Henry Miller, late President of the American Medical Association.

After the formalities of presentation, which were courteously performed by Dr. McDonald, they walked a short distance to the residence of the patient to be operated upon. Here, in conversation with Dr. Gross, through the interpreter and Dr. McDonald, Dr. Mrayama, the first in rank among the physicians, stated that the operation of lithotomy was sometimes performed at Jeddo. The manner of its performance was stated to be "Dutch fashion," which on further description appeared to be some operation through the perineum, but in what manner, from the interpreter's ignorance of medical technicalities, could not be well defined.

They examined the instruments before the operation minutely and with earnest attention. It was evident that they were not familiar with them and with the use of some, as that great essential the staff, they seemed entirely ignorant.

The ether was shown to them and the method of its administration explained through the interpreter by Dr. Morton, whose name is so honorably associated with the great discovery.

They then intelligently examined the patient's pulse and his general condition, and manifested a great interest in the proceedings. Each of them sounded for the stone, and seemed familiar with the instruments for exploring the bladder.

On commencing the administration of the

ether, one of the Japanese physicians still expressed surprise, expecting to see it swallowed instead of inhaled, and remarked, that in Japan they give patients something to drink previously to operations; probably a narcotic. They handled the bottles of ether, and examined the sensible properties of the article.

The usual lateral operation was performed by Dr. Gross, assisted by his colleague, Dr. Pancoast, Drs. S. W. Gross, Asch, and Levis; and the anæsthetic was administered by Dr. W. T. G. Morton. During the inhalation of the ether, they examined the pulse of the patient, and one of them felt for the pulsations of the posterior tibial artery behind the inner malleolus.

There were present, besides those mentioned, Drs. Norris, S. H. Dickson, W. A. Pancoast, Kirk, and others.

The operation, which was the sixty-fourth of the distinguished surgeon, was executed with his usual precision and rapidity, and a large calculus was removed. The patient was a favorable subject for the operation—tall and muscular, about thirty-six years of age, and apparently in good health.

Some excitement was manifested by the oriental doctors on the removal of the stone. They examined it carefully, and remarked that it was larger than any they had seen at Yedo.

The appearance of these members of the Embassy, is as grotesque as that of their associates, but differs from the rest in having their heads entirely shaved. This is the custom of the profession in Japan. They are small in stature, and much inclined forward, and their frames seem not to be very muscular. Their countenances are bright, and there is great vivacity in their manner when excited, as in speaking; but at other times they exhibited the solemnity of demeanor and expression which belongs to all oriental nations. The faces of most of those present at the operation were pitted with smallpox cicatrices; and we were informed by Dr. McDonald, that vaccination has been but recently introduced into Japan.

In a phrenological view, their heads are not generally deficient, and two of those present, of the highest caste, had well-shaped crania.

Their dress is very rich, and each carried two swords—the longer of which was laid down on entering the room. Each of them wore a peculiar badge of three white leaves, enclosed in a white circle on each side of his

dress, which is the distinctive mark of those in the immediate service of the Tycoon. Their manner is exceedingly refined and polite, and they expressed much gratitude to Dr. Gross for his attention to them.

Dr. Pancoast gave them an invitation to be present at his operations at the Pennsylvania Hospital and Jefferson Medical College, which they, bowing very lowly to him, thankfully accepted.

A Talk with a Japanese Doctor.—Drs. Agnew, Levis, and Lehlbach had a short communication with Dr. Kowasaki, at which it was ascertained that he possesses considerable anatomical knowledge.

No interpreter was present, but he was able to make what he wished, comprehensible by a knowledge of some English words and by various significant signs.

Diagrams of the systems of circulation, respiration and digestion were made by Dr. Agnew, and the parts were instantly recognized and named by the Japanese doctor. Dissection, he said, is performed in Japan, and for that purpose the body is divided into four parts. The calvarium is removed in the usual manner, by transverse section with the saw.

One of the most remarkable facts developed was, that they use the metallic suture for closing wounds. He distinctly called it in English "the silver thread," and said that iron wire is not used for the purpose. They perform both flap and circular amputations. He seemed familiar with the ordinary instruments in a pocket case, and went through the movements of the uses of some of them.

At the Clinic of Dr. J. J. Leveck at the Pennsylvania Hospital on Wednesday last, Dr. Kowasaki was present. Patients affected with tuberculosis were shown to him, but evidently auscultation and percussion is a "*terra incognita*" to the Japanese. Dr. Kowasaki took great interest in the examination of some microscopical specimens shown and explained to him, as also in the spirometer, galvanic battery, etc., etc.

Dr. Henry Miller, late President of the American Medical Association, on his way homeward from New Haven, spent a few days in this city, and was entertained at the residence of his former associate, Dr. S. D. Gross. On Monday evening a number of the professional friends of Dr. Miller, met him at a pleasant reunion, through invitation of Dr. Gross.

Amputation at the Hip-Joint was performed by Professor Pancoast, last Wednesday, on a patient in the Pennsylvania Hospital, who was suffering from a large fungus hematodes of the thigh. Only a few ounces of blood were lost during the operation, and the patient so far is doing well.

Dr. Kowasaki Downing, of the Japanese Embassy was present during this and several other operations.

A Japanese Order for Drugs.—The chief physician of the Tycoon sent by Nanous Geosiro, Governor of Yedo, an order for certain medicines, to be procured in this country. The original manuscript of the order, which was written by the chief physician, was shown to us by Dr. McDonald, of the Naval Commission. It is handsomely written, and the names of the articles are given in both English and Japanese, and some are repeated in Dutch.

The following is a list of the articles ordered: Extract of Cicuta, Extract of Hyoscyamus, Digitalis, Squills, Laurel Water, Muriate of Baryta, and Colchicum.

Answers to Correspondents.

Dr. J. E. M., of Ohio.—The *Dublin Medical Press* is not printed in this country. The original can be ordered through J. Sabin, No. 27 south Sixth street, Philadelphia, and will be received regularly every two weeks. The *Press* is published weekly, and is an excellent journal, presenting particularly the progress of Irish medical literature, and has the credit of fairly representing everything American. It deserves more attention and circulation than it has yet acquired here.

Dr. N., who has recently visited the clinics at the hospitals and colleges in this city, complains that numerous opaque heads of assistants obscured his view of most of the operations which he saw (?) performed. He considers them nuisances, and wishes to know whether they cannot be removed. We cannot offer a remedy for the "nuisances," but for "removing" them expeditiously, would suggest the guillotine.

COMMUNICATIONS RECEIVED.—Alabama, Dr. A. M. Graham, [with encl.];—Delaware, Dr. James H. Hopkins;—Georgia, Dr. Wm. A. Wright, [with encl.]; Dr. Theodore M. Darnall, [with encl.]; Dr. A. Pye, [with encl.];—Indiana, Dr. Frederick Waggoner, [with encl.]; Dr. G. W. Robbins, Dr. W. H. Simmons, [with encl.];—Illinois, Mr. E. D. Gates, [with encl. for Drs. J. W. Freer, E. C. Rodgers, and Ch. White];—Kentucky, Dr. R. D. Porter, [with encl.];—Missouri, Dr. Cary N. Hames;—Mississippi, Dr. Wm. E. Strode, [with encl.];—New Jersey, Dr. J. K. Pitney, [with encl.];—New York, Dr. J. Parmely, Dr. Geo. N. Cook;—Ohio, Dr. R. M. Tallor, [with encl.]; Dr. A. H. Stephens, [with encl.]; Dr. James B. Welsh, [with encl.]; Drs. Benn & Sharpe, [with encl.];—Pennsylvania, Dr. B. D. F. Baird, [with encl.]; Dr. D. B. Marshall, [with encl.]; Dr. D. M. McCarrell;—Vermont, Dr. S. H. Carrier.

Office Payments.—By Mr. Hulme: Drs. N. G. Thompson, J. Pounder, Isaac D. Winters, Alex. R. Gaston, A. Murphy, D. D. Kennedy, Duffield Armstrong, G. Rowland, Dr. Edward Shippen. Mr. F. A. Ware, Mr. Ord, (adv.), Dr. John Stedler.